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CLINICAL LECTURE,

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BY

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CANCER OF THE RIGHT LUNG, VERTEBRAL COLUMN, STERNO-CLAVICULAR ARTICULATION, STOMACH AND KIDNEYS.

Death; post-mortem; clinical remarks; diagnosis of the vertebral disease from aneurism, and rheumatism; of the chest disease from pleurisy; pneumonia and phthisis; complete absence of local symptoms of disease in the lungs; amphoric sound on percussion; varieties of bronchial respiration; diminution of the vocal vibratory tremor of the right chest; progress; causes; treatment; morbid appearances in connection with symptoms; delirium sympathetic; infiltrated cancer of the lung, not previously described, probably hitherto confounded with tubercle; atrophy of the heart.

ANNE DAVIS, aged 41, was admitted Oct. 12, 1841, under the care of Dr. Taylor; a widow the last ten years; keeps a milliner's shop; sanguine nervous temperament, dark hair and eyes, of regular habits. The nurse was told by a visitor that she had been lately imprisoned for debt, and had suffered much from anxiety. Parents living and healthy. One of her sisters is said to have cancer of the womb, and is living. She enjoyed good health herself until February last, when she removed to a new house at Islington, which proved to be damp. She was not very ill till four months ago, when, whilst dressing, she was suddenly attacked with a very severe shooting pain in the lower part of the back; the pain was so acute that she fell down, and became covered with perspiration. After about twenty minutes the pain abated, but she has never since been free from it; it has been much more violent at some times than at others. A month after this she had an attack of inflammation of the right side of the chest, attended with pain, dyspnœa, violent cough, and expectoration of blood in clots; she was bled and took medicines with relief to most of the symptoms, but the cough and expectoration of blood continued. These symptoms, however, ceased on her going into the country. On the 3rd inst. she again spat up a small quantity of blood, of a brighter colour than before; and the pain in the back having increased, she sought admission into the hospital.

Symptoms on Admission.—General and rather considerable emaciation, countenance anxious, complexion sallow, and the surface generally has a very pale-yellow tinge; a considerable amount of dusky-red colour in the cheeks, with injection of the smaller vessels; there was much less colour before the present illness; no increased heat of the surface; pulse frequent, rather small and soft. There are severe aching pains across the loins, extending thence down the thighs to the calves of the legs, which occasionally feel benumbed; the pain is most severe a little above the top of the sacrum; there is tenderness on pressure, but no swelling perceptible, nor any pulsation; the pain is constant, and is much increased on sitting up in bed, by turning or any other motion of the spine; the inability to walk has supervened rapidly within the last fortnight. There is a tumour in the abdomen, apparently of about three inches diameter, situated just above the umbilicus, and rather to the right of the median line; it is hard and unyielding deeply placed and immovable, being apparently fixed to the vertebral column; there is a strong pulsation over it, but limited to its middle part; there is neither pulsation nor any sense of expansion in its lateral parts; there is a rough bellows or rasping murmur synchronous with the arterial systole, but heard only where the pulsation is felt, and not at the sides of the swelling; considerable tenderness on pressure over the situation of the tumour and at the epigastrium; complains of a sense of sickness at the pit of the stomach, and the appetite is much impaired; has been unable to eat any animal food the last six weeks, for as soon as she takes it she vomits; state of the tongue not recorded;

some difficulty in swallowing; complains of a sense of obstruction in the gullet, felt a little above the top of the sternum; enlargement of the sternal extremity of the left clavicle in every direction, it has attained the bulk of a walnut, and is firm to the touch; bowels rather confined; generally some pain in the head, both front and back, and the patient sleeps badly on account of the pains in the back; no cough or expectoration; no dyspnœa; no pain in the chest. The right side of the chest seems *rather flatter* than the left, but there is scarcely any appreciable difference between the two indicated by measurement; the intercostal spaces are equally depressed on both sides; the movements of the right side less marked than those of the left; liver does not project beyond the margins of the ribs. On percussion the sound elicited over the whole right half of the chest, both in front and behind, quite dull; over the upper part the dulness is quite perfect, with a sense of resistance to the fingers, such as is perceived on striking a solid body; in front, a little below the clavicle, and at the side just below the axilla, percussion yields an *amphoric* resonance, and below the mamma the sound has a tympanitic character; the dulness ceases at the middle line of the sternum; on the left side the resonance is natural. In all, the upper two-thirds of the right half of the chest, before, behind, and laterally, as well as above the clavicle, the natural respiratory murmur is replaced by a pure and strong bronchial respiration; in the upper third this is intensely strong, almost tracheal. In the lowest part of the chest no respiratory or other murmur was heard at first, but after a day or two a bronchial respiration was noticed at the very bottom of the lung. The characters of the bronchial respiration varied much over different parts of the lung. Over the upper third it was loud, superficial, and *large*, closely resembling the tracheal; over the middle portions all these characters were less marked, and over the lowest parts it was fainter, more distant, *smaller* (as if the air passed through tubes of a less calibre), and audible chiefly, in some places exclusively, with the *expiration*. Over this part of the lung the expiration closely resembled that often heard in the infra-clavicular region in the earlier stages of phthisis; there was not a trace of vesicular murmur, nor of any kind of rhonchus, to be heard over any portion of the right lung. The sounds of the heart were much more distinctly heard below the right than the left clavicle; there was a very strong bronchophony in the upper parts of the right lung. The vocal fremitus, examined carefully a few days after the patient's admission, was found to be chiefly perceived in the antero-superior and supero-lateral parts of the *right* side, and was decidedly less than on the *left* side. In the lower portions of the right side it can scarcely be perceived (in some parts not at all), but is quite distinct in the corresponding parts of the left side. On the left side the respiration is puerile, but not otherwise altered; no increased frequency of the respirations noticed, they were not counted; the impulse of the heart natural; no difference in the pulse of the two wrists; no enlargement of the superficial veins of the chest or abdomen; no œdema or swelling of the face, neck, or upper or lower extremities; menses regular; state of urine not mentioned.

Progress.—Oct. 18. Complexion more sallow.

20. More pain in the back, and some pain of the right side of the chest. Ordered eight leeches to the painful part of the back.

22. Pain in the back still; it shoots down the left leg as far as the knee, and prevents her from sitting up at all. Leeches relieved it a little: ordered eight more leeches.

25. Pains easier.

27. More pain again. Repeat the leeches, and afterwards apply a belladonna plaster to the back.

Nov. 2. A small, hard, immovable swelling on the left side of spine in lower part of lumbar region.

5. No pain in chest, or dyspnœa, and only a very slight cough; tumour in abdomen less distinctly felt, and seems flattened; pain in the knee less. Ordered hot fomentations to the spine.

8. Back easier, emaciation increased.

12. Bronchial respiration very much feebler in upper and anterior part of the right side of the chest; it is still very loud at the upper and inner angle of the scapula; no vesicular murmur or any rhonchi audible.

13. Cough troublesome, and much oppression of breathing; pulse 128, small and soft.

17. A tendency to sickness; complexion more sallow; more pain in back; pain also in both knees; bronchial respiration feeble in upper and anterior part of right side of chest. Ordered half a pint of ale.

18. Pulse 160, feeble; was rather delirious after taking the ale; countenance more anxious and sunken. Omit the ale.

19. Soreness of the right side of the chest; bronchial respiration still less on the right side; still bronchial as well as puerile near the left margin of the sternum; pulse 168; respirations 40 in a minute.

22. Delirious last night; complains of dyspnœa; pulse 152; speaks only in a whisper; on the left side the ribs move freely in respiration; on the right side they are almost motionless; there is a large churning or gurgling sound heard on both sides of the chest (evidently depending on the motion of the contents of the stomach), it is heard on merely approaching the ear to the chest, without contact, and is also heard through the stethoscope applied to the epigastrium.

To have a little wine, and any nourishment she can take.

24. Cough rather troublesome; dulness on percussion rather exceeds the left margin of the sternum; bronchial respiration less in upper part of the right side, in lower part scarcely audible; tongue rather dry, and red; pulse 152, very feeble.

27. She sunk gradually, and died at half-past five, p.m.

The following circumstances were not recorded till after death:—

About the 15th of November, when the dyspnœa increased, her cough began to trouble her more, and from this time there was some expectoration, which annoyed her much, from the constant slight hawking efforts it provoked to get it up. She never spat it out, but always swallowed it, so that none could be procured for examination. About the same period a little mucous rhonchus began to be audible in various parts of the anterior surface of the right lung, and when examined at various periods subsequently, it was found that both the number and size of the bubbles were increasing. The sound on percussion, towards the termination of the case, appeared to be less *perfectly* dull, and to yield a less sense of resistance to the fingers percussing than at first. Owing to the weakness of the patient, Dr. Taylor did not examine her chest in the last two or three days of her life, but it was examined by Dr. Hare, a very intelligent pupil, accustomed to auscultation, and he heard a distinct gurgling about the middle of the right lung anteriorly, and a large muco-crepitant rhonchus diffused over the whole anterior part of this lung, to use his own words, "as if the whole lung were breaking up." In stooping over the patient to examine her during the same period, Dr. Hare noticed a considerable fœtor of the breath.

Inspection of the Body Forty-one Hours after Death.

Exterior.—Emaciation very considerable; skin of a pale-yellow tinge, especially that of the face; no sloughs over the sacrum.

Neck.—Larynx, pharynx, and œsophagus not examined.

Head.—The whole encephalon was carefully examined, but no disease found; brain not particularly pale.

Chest, Right Side.—Pleuræ partially connected by moderately firm adhesions; the back part contained about eight ounces of a turbid, thickish, dirty-grey fluid; rather recent, thickish, false membranes adhered to various parts of the pleura pulmonalis; lung a little below the ordinary volume, and did not collapse, but its thin margin exceeded the left border of the sternum; colour, a dirty, dark-greenish, brown; texture hardly anywhere crepitant, exceedingly lacerable, yielding to the slightest traction or pressure; some portions had a granular aspect, others were broken down into a dark-coloured, dirty-looking, semi-fluid pulp; when cut or torn, in most parts the cut surface was speedily covered with a similar fluid; the odour was offensive, but not excessively so; a foreign deposit was copiously diffused throughout the substance of nearly the whole lung; in most places it was in small masses, of a dirty-grey colour, and very much resembling diffused crude tubercle, which it was supposed to be. On a close inspection, the surface of these masses was seen to have a pinkish hue, and was marked with small vascular arborisations: these appearances were very distinct when viewed through a common lens. In the lower lobe there was a cavity capable of containing a small walnut: it was lined with a false membrane, and communicated with the bronchi; it was not observed whether it had any contents or not. About the root of the lung there was a considerable quantity of encephaloid tissue; it was rather firm, of a brain-white colour, mixed with black portions (apparently the remains of bronchial glands), and when pressed a creamy fluid exuded from numerous points of its cut surface: this tissue extended as high as the top of the sternum, by the side of the vertebral column. The right bronchus passed through a mass of it. Several of the subdivisions of this bronchus also traversed it; and one of them was observed to be much diminished in its calibre. The left bronchus was not in contact with the morbid tissue. The arteria innominata and superior vena cava were quite free, and apparently had not been at all compressed: most of the bronchi were not opened, the lung being kept to be modelled. *Left Side*—No adhesions of the pleuræ; lung of ordinary size; colour, rather pale in front, darker behind; texture everywhere crepitant, not unusually dense posteriorly; not a particle of any foreign deposit in this lung; left sterno-clavicular articulation much enlarged; the inter-articular cartilage increased in size, and softer than ordinary, a creamy fluid could be readily expressed from it; the clavicle and sternum healthy. *Heart* — Pericardium healthy, no white patch on it, no fat under it; heart rather small; left ventricle walls near the usual thickness; cavity ordinary; aortic valves very slightly thickened; some spots in aorta; endocardium lining ventricle not observed; several large yellow spots in mitral valve, the orifice of proper size; left auricle natural; foramen ovale closed; right ventricle, walls, cavity, endocardium, sigmoid valves, all healthy; tricuspid orifice rather small, admitting only the two first fingers; right auricle natural; blood not carefully examined.

Abdomen.—Peritoneum healthy; stomach of ordinary size; mucous membrane in great cul de sac unusually vascular, the redness being of a vermilion tint; it appeared to be

somewhat softened at the same time. In the course of the great curvature, and about the junction of the pyloric with the middle third, was a circular cancerous mass, about the size of a shilling; its edges were elevated, its centre depressed; the former portion was covered by the mucous membrane, but the latter was not. On making a vertical section, encephaloid matter was seen to exist, both in the middle depressed part and in the edges of the diseased mass; viewed from the peritoneal surface, a white circular disk only could be observed; pylorus healthy. *Duodenum* — Numerous globular white bodies, the size of large pin's-heads, were scattered beneath the mucous membrane: when cut through, they exhibited a surface of an uniform dull, white colour. The mucous coat was more vascular than usual; the rest of the small intestines healthy. *Caput Coli* — Mucous membrane exceedingly vascular. A roughish, grey pulverulent substance adhered rather closely to the summit of many of its folds, causing it at first sight to appear ulcerated; but this substance could be scraped away by a scalpel, leaving the membrane entire. No other morbid appearance in the large intestines. *Mesenteric glands* not observed. *Liver* rather soft, otherwise healthy. *Spleen* rather large. *Kidneys* — Right, enlarged; several cancerous masses in its substance; and in the middle of one of them a cavity filled with a creamy liquid: there were also some spots, apparently cancerous, in the supra-renal capsule. Left also contained several cancerous masses, the size of a horse-bean, and upwards; most of these were in the upper end of the kidney, and some of them reached its surface. The morbid structure in question was dotted over with small red points, which, when examined through a lens, were observed to be distinct vascular arborisations. *Ureters and urinary bladder* not examined. *Uterus* increased rather in volume, its cavity large; no cancerous tissue in body or cervix. *Ovaries* appeared healthy.

Vertebral Column.—There was an enlargement, both anterior and lateral, in the lumbar region, about the third or fourth vertebræ, forming a tumour the size of a large orange: the aorta just before it bifurcated, passed over the tumour, the surface of which was grooved where the vessel rested. This mass being incised, presented the characters of encephaloid disease, and on pressing it a creamy liquid exuded from numerous points. No further examination was made at the time, and we are indebted to Mr. Marshall for the following appearances observed by him on making a dissection of it:—"On making a vertical section through the bodies and arches of the vertebræ, and through the tumour also, it was found that the body of one vertebra was almost entirely absorbed; that the intervertebral substances above and below it had approached each other, so as to be separated only by an interval of about a quarter of an inch, which interval was occupied by a stratum of encephaloid cancer, containing many loose osseous spiculæ, which, on examination, proved to be the debris of the body of the vertebræ. In the progress of its growth the cancerous structure appears to have extended itself in all directions, from between the two adjacent intervertebral substances; and in this way to have formed one projecting mass, about three-fourths of an inch in depth, which rests upon the anterior and lateral surfaces of the corresponding part of the vertebral column, and is covered by the anterior common ligament, and another smaller mass, about a quarter of an inch in depth, which is protruded into the vertebral canal, beneath the posterior common ligament, and must have pressed upon the cauda equina. This latter mass is softer than the remaining part of the cancerous structure, and contains more fibrous tissue than the mass which projects in front of the vertebræ. The characteristic corpuscles were found in all parts of the cancerous structure. The intervertebral substances appeared healthy; they contained (according to Dr. Walshe) no caudate corpuscles, and the vertical fibres of which they are composed are inserted into a thin horizontal plate of cartilaginous or fibro-cartilaginous substance, which separates them from the diseased structure."

The foreign matter diffused through the right lung was examined by Dr. Walshe, and found to present the microscopical characters of cancer.

Clinical Remarks.

Symptoms and Diagnosis.—On her admission this patient complained of little but the back and the abdomen. There was a pulsation in the abdomen, some tenderness on pressure; and the patient being already considerably emaciated, a deep-seated tumour could be felt without difficulty. Was this tumour aneurismal, or of some other nature? This was the first question to be answered. It was considered not to be aneurismal, chiefly on the following grounds:—First. It was hard, unyielding, and immovable, like a solid body. Secondly. The pulsation was *limited* to its *middle* part, when the sides of the tumour were grasped, neither pulsation nor any *sense* of *expansion* could be felt. Thirdly. The bellows or rasping murmur was limited to the spot where the pulsations was felt; there was no murmur laterally. The conclusion arrived at was, that it was some enlargement or growth connected with the vertebral column, and *pushing* the aorta before it, by which means the pulsation and bellows murmur were produced. The severe pain in the back appeared to depend upon the same cause as the symptoms in the abdomen; for it commenced at the part of the spine to which the tumour was

attached, and could be referred to nothing else. Although it had many of the characters of rheumatism, it could not easily be mistaken for that disease. The pain on sitting upright and in walking, on stooping, turning in bed, or on executing any other movement, was much more severe than in any case of lumbago Dr. Taylor had ever seen. Very soon the patient ceased to be able to walk, or even to sit up in bed, and could change her position only with great difficulty. The pain extended from the loins down the thighs, and to the calves of the legs, which were benumbed; and a fixed pain soon supervened in the left knee, so as to distress the patient greatly. These symptoms appeared to indicate the existence of some disease implicating the structure of the vertebral column, and probably attended with some pressure upon the contents of the vertebral canal. The chest was next examined, rather in conformity with the rule the lecturer always followed of examining every organ in every case, than because he had any reason to expect to find disease there. The patient made no complaint of her chest, and had then said nothing which could direct any attention to it. The left lung was first examined, and the respiration being distinctly puerile, it became at once probable that there was disease in the right lung. Accordingly, on further examination, it was immediately found that the contents of the right side of the chest were of much greater density than in health. This was proved by the great and universal dulness on percussion, the total absence of vesicular, and the presence of very perfect bronchial, respiration. The *nature* of the disease upon which this increased density depended, was, however, still to be determined. The patient now stated that she had suffered from inflammation of the right lung, and spitting of blood three months before. There were four diseases, amongst which, chiefly, he had to seek for an explanation of the existing symptoms; namely, pleurisy, pneumonia, phthisis, and some morbid growth, such as cancer of the lung, or adjacent structures.

1. Pleurisy, with considerable effusion into the thorax, would explain the dulness on percussion, the complete absence of vesicular murmur, the presence of bronchial respiration, and the diminished vocal vibration. There were, however, conclusive reasons against the existence of this disease: First. In pleurisy with much effusion the side is enlarged, the intercostal depressions obliterated, and the liver pushed downwards; here the side was diminished, the intercostal depressions distinct, and the liver could not be felt below the ribs. In pleurisy with much effusion the dulness would extend beyond the middle line towards the opposite side of the chest; in this case it was strictly limited to the middle line. In pleurisy the bronchial respiration when it exists is commonly limited to the side of the vertebral column against which the lung is compressed. In this case it was heard over *every* part of the lung, and was more *perfect* than in pleurisy. The *sense of resistance* experienced by the finger on percussion was greater than the lecturer thought could occur in pleurisy, and seemed to indicate the presence of a *solid* substance within. Again, no dyspnœa was complained of, which was not, perhaps, *usually* the case in pleurisy. Cases, however, did occur of *considerable* effusion into the thorax without any marked dyspnœa. Pleurisy of longer duration, in which there was partial absorption of the fluid and commencing contraction of the chest, might more closely resemble the case under consideration: still, however, many of the intercostal depressions would generally be obliterated, the dulness on percussion would be less perfect, and the bronchial respiration less intense and more circumscribed than in the present case.

2 and 3. Pneumonia in the stage of hepatisation, and occupying the whole lung, or the condensation of the whole lung, by an abundant deposition of crude tubercle. Either of these would explain the great dulness on percussion and the bronchial respiration. But in pneumonia it is rare to find the signs of condensation alone over the entire lung. We almost always hear more or less crepitant rhonchus in some part, indicating the existence of the first stage of inflammation in some portion, or the resolution of the hepatisation in others; there was also none of the pyrexia which generally attends pneumonia in a subject in the vigour of life. The same remarks nearly apply to the existence of tubercles: if the whole lung were condensed by tubercles, some of them would probably have begun to soften, and give rise to more or less muco-crepitant rhonchus. Again, in this case the left lung seemed perfectly healthy, and it is rare to find one lung quite filled with tubercles, and no evidence of any at all in the other.

4. Having excluded these three diseases, there remained, therefore, nothing to explain the symptoms, but the supposition that there was some morbid growth in, or degeneration of, the lung. This, and this alone, would satisfactorily explain all the phenomena, and the following appeared to be very strong reasons for believing the disease to be cancer:—

1. The emaciation, weakness, anxious countenance, frequent pulse, and the sallow tinge of the surface generally, proved the existence of some serious disease which was most likely to be cancer.

2. The abdominal tumour and disease of the vertebræ, together with some enlargement of the sterno-clavicular articulation and some dysphagia, supported the same view, by appearing to indicate that the disease pervaded the whole system.

3. The patient's sister was said to have cancer of the womb, and the patient was approaching the time of life when such disease most frequently supervenes. On such grounds the diagnosis was stated conjecturally the first time the patient was visited, and it was soon after affirmed with considerable confidence. It may be worth while to notice some of the signs again before quitting the subject of diagnosis.

1. With such extensive and serious disease in the chest, it was interesting to remark the absence of all prominent symptoms: the patient made no complaint of it; there was no cough or expectoration, no dyspnœa, or increased frequency of respiration, and no pain in the chest. This confirmed an observation which he had already repeated and illustrated many times, viz., that very serious disease might be going on in various organs with little or no local indication of it. This was an observation which, if not unknown formerly, had been fully appreciated only of late years: it was one result of our more advanced means of diagnosis, and of the practice of examining *all* the functions during life, and *all* the organs after death: if those parts only had been examined which the patient complained of, the disease in the chest would have been overlooked during life, and would have been equally overlooked after death, if, as had been too generally done, those parts only had been examined which, during life, had been supposed to be diseased. If we followed out the old method of observation, and proceeded to draw up the history of cancer of the lung, such cases as the above would be nearly unknown to us, and would probably be altogether omitted from our description of the disease. This was another illustration of the importance of the *numerical method*, in the wide acceptation of the system, as expounded by its great supporter, M. Louis.

2. Three months before admission the patient had suffered from inflammation of the chest and hæmoptysis, and on admission there was some contraction of the right side. The development of cancer of the lung would be likely to be attended with more or less inflammation in the adjacent textures; and if the diseased mass occupied less space than the healthy tissue, contraction of the side must follow. In phthisis, Dr. Carswell explained the occurrence of hæmoptysis by supposing that the tuberculous matter pressed on the veins of the lung, and thus mechanically produced engorgement and hæmorrhage. Cancerous matter deposited in the lung might cause hæmoptysis in the same way; but in whatever way produced, we knew that hæmorrhage was one of the commonest and often one of the earliest symptoms of cancer of the uterus, and was very general in cancer of the kidneys as well as of other parts.

3. The dulness on percussion was *extreme*, and was accompanied with a strong sense of resistance to the finger, to which Piorry attached considerable importance, and the lecturer thought with reason, as indicating the *solid* character of the parts beneath. Under the clavicle, and near the axilla, however, there was an *amphoric* resonance on percussion, a sound having a metallic tone, and resembling that elicited on striking an empty bottle with an open mouth. This was generically the same as the sound termed by the French the "cracked-pot sound." It was, and still is by many, supposed to indicate the coexistence of air and fluid in a cavity, either in a tuberculous excavation, or in the pleura, or, again, in the cavity of the stomach, intestines, &c. It had been shown by Dr. Williams that it might depend on the reverberations of air alone in a cavity with smooth walls; and he was the first, Dr. Taylor believed, to point out its existence in cases of pneumonia and pleurisy with effusion. This case illustrated the same fact. The reverberating cavity was a large bronchial tube, and the dense tissue around it served to transmit the external impulse to the air, and to conduct back the sound thus produced. Accordingly, this sound was observed only in the neighbourhood of the large bronchi.

4. The bronchial respiration differed much in its characters in different parts of the lung. In the upper third, near the large bronchial tubes, it was very loud, large, and superficial, closely resembling the sound heard over the trachea. At the bottom of the chest it was feeble and small, and in some places audible only with the expiration. The character of the sound suggested the idea that it had its origin in tubes of a small size. In the middle of the lung the character of the sound was intermediate between the other two.

5. The vocal vibration perceived on applying the hand to the chest, was distinctly less on the diseased than on the healthy side. By some writers an increase of the vibratory tremor was enumerated amongst the signs of consolidation of the lung, whilst others thought that in such consolidation this vibratory tremor was diminished. Further observations were, therefore, required before the value of this sign could be appreciated.

6. In all the cases of cancer in the upper part of the chest which the lecturer had seen before, there were signs of more or less obstruction of the veins of the neck, face, upper extremities, and upper part of the chest. In such cases the symptoms were very striking and characteristic; the face and neck were turgid, the eyes prominent and glistening, and there was often œdema of the arms and upper part of the thorax. The total absence of all these symptoms appeared to indicate that in this case there was no compression of the vena cava superior, or of the larger veins adjoining it.

Progress.—Nov. 12. The bronchial respiration was much less distinctly heard over the upper part of the right lung. It was conjectured that this might depend on a narrowing of one or more of the bronchial tubes by the development of the morbid growth.

About the 15th of November the patient began to complain of dyspnœa, which was present in a considerable degree from that time forward. She also began to have a short cough, or rather a kind of hawking movement, with a slight expectoration. The weakness increased so rapidly, however, that she could never evacuate the expectoration, but always swallowed it. At the same time a slight mucous rhonchus appeared in the right lung, and increased gradually, until just before death, almost to a gurgling sound over the greater part of the chest. Towards the last the dulness on percussion appeared less *perfect*, accompanied with a slighter sense of resistance. The countenance altered rapidly, becoming more anxious, sunken, and sallow; the emaciation progressed; the voice was reduced to a whisper; delirium supervened; and the pulse became very small, soft, and frequent, amounting occasionally to 160 beats in the minute, and the respirations to 40. The disease ran its course rather rapidly; the patient died in about ten months from the time her health first began to suffer, and in six months after her first experiencing any considerable local symptoms.

Causes.—There might have been some hereditary predisposition to cancer. Her sister was said to have cancer of the womb, but was still living. The patient attributed her illness to living in a damp house. It was ascertained from another source, what the patient had concealed, viz., that just before her illness she was imprisoned for debt, and had suffered much from mental distress.

Treatment.—After arriving at the diagnosis which has been stated, the treatment could only be directed to the palliation of any urgent symptoms. Leeches were frequently applied to the painful part of the back, and with temporary relief. She was also much relieved by hot-water fomentations to the back and the left knee. A belladonna plaster was also applied to the same part, and a liniment was used containing tincture of opium, but neither of these had much effect. She was allowed good nourishment to support her strength, and, as the disease advanced, wine was added.

Morbid Appearances in connection with Symptoms.

The brain and its membranes were quite healthy: the delirium, therefore, was sympathetic, as it was in most diseases. Chomel was of opinion that for one case in which delirium arose from idiopathic disease of the brain, there were twenty in which it depended on sympathy of the brain with disease of some other part; so that when delirium occurred he was led first to seek its cause elsewhere than in the brain, just as in a case of intense fever he would search for its origin in almost any organ before the heart.

Lungs.—On the first view of the right lung, Dr. Taylor's impression was that an error in diagnosis had been committed, so great a *general* resemblance did it bear to a tuberculous lung. On reviewing the grounds of the diagnosis, however, it seemed difficult to alter it, and hence he was led to inquire more carefully whether there *really* were *tubercles* in the lung. A mass of encephaloid tissue, well characterised, was soon found at the root of the lung, surrounding the right bronchus and some of its primary divisions. One of these was much diminished in its calibre. These appearances agreed with what was anticipated from the strong bronchial respiration at first, and its subsequent diminution. Whilst examining the matter infiltrated through the tissue of the lung, Dr. Walshe observed that its surface in various places had a pink hue, and was distinctly vascular, proving that it was not tubercle, and he subsequently ascertained its cancerous nature beyond all doubt by microscopical examination. This infiltration of cancerous matter throughout the lung was a form of the disease of which the lecturer had never met with any description. Laennec had stated that he had never seen it; and it was not mentioned by Andral, Cruveilhier, or Carswell, nor by several other writers to whose works he (Dr. T.) referred. From the succession of physical signs closely resembling those which occurred during the softening of tubercles in the lung, there could be little doubt that the deposit was more dense at first, and that it had gradually softened. From the irritation to which it gave rise, the tissue of the lung was rendered very soft and friable, almost gangrenous. With this softening, probably, supervened the mucous rhonchus, which continually increased, the cough, dyspnœa, expectoration, and at last fœtor of the breath. The cavity in the lower lobe, being lined by a thick false membrane, was probably of older date. This form of cancer of the lung had in all probability been confounded with tubercle. In this case it would certainly have been mistaken for that disease, had not the apparent error in diagnosis led to a more careful scrutiny of the characters of the morbid structure. If the patient had been first seen after the mucous rhonchus had supervened, the diagnosis would have been more difficult. The assemblage of symptoms might have led to the suspicion of cancer in the system, but the pulmonic signs would probably have been referred to tubercles. As was anticipated, the vena cava was not implicated in the disease. The heart was somewhat atrophied, as it generally was in cancer. Louis stated that he had found it smaller in persons dying of cancer than of

any other disease. In such cases it seemed to waste in common with the other tissues of the body, and contracted itself still more from the quantity of circulating fluid being so much diminished. The œsophagus and pharynx were not examined, so that it could not be determined whether the dysphagia was produced by the enlargement of the sterno-clavicular articulation or not. The disease in this joint was limited to the inter-articular cartilage, a tissue rarely found to be the seat of cancer.

Stomach.—The disease in the stomach was not suspected during life. The symptoms which might perhaps be referred to it, were a sense of sinking at the pit of the stomach, tenderness, and an inability to take animal food, which was immediately rejected. So far as these symptoms attracted attention, they were referred to the tumour in the abdomen, and to the disturbance of the system generally.

Vertebral Column.—The disease here had commenced in the body of a vertebra, which it had destroyed. The aorta passed in front of the swelling, as was predicted; and the tumour encroached on the vertebral canal, pressing on the cauda equina, and causing numbness in both legs, and severe pain in the left knee.

Kidneys.—The disease in the kidneys was not suspected during life. If it gave rise to any local symptoms, they were confounded with those produced by the disease in the spine. The characters of the urine were, at one time, peculiar, but no analysis of it was made. No mention was made of the urine having been bloody, a symptom very often present in the course of cancer in these organs.

RESEARCHES
INTO THE
PATHOLOGY, PHYSICAL SIGNS,
AND
TREATMENT
OF
VALVULAR DISEASES OF THE HEART, &c.

By Thomas Moore, Esq., A.B., M.R.C.S., late Secretary to the Dublin Medico-Chirurgical Society.

[Read before the Dublin Medico Chirurgical Society.]

(Continued from p. 705.)

If we now view in retrospect the cases which have been recorded; if we recall to mind the attendant symptoms, physical signs, and pathological appearances; and if we carry into effect those projects which have been had in contemplation, reserved for this division of the essay, in instituting a comparison between permanent patency of the auriculo-ventricular apertures, from shortening, puckering, shrivelling, retraction, and apparent absorption of the valvular structures, and permanent contraction with patency from thickening, induration, fibro-cartilaginization, and frequently ossification of the valvular tissues, we cannot fail to observe some striking differences; dissimilarities so obvious, that they necessarily intrude themselves upon our notice, and cannot but be apparent even to a heedless observer: for the more perfect elucidation of our subject, it has been considered requisite to adopt some methodical arrangement, and dispose of our observations in the following order:—

Firstly. The origin of the attack, the description of inflammation, and the changes produced in the structures of the valves during its progress.

Secondly. The commencement, progress, and termination of the symptoms manifested in each form of disease.

Thirdly. The characteristic and distinguishing features between the two diseases; a correct knowledge of the pathological dissimilarities having been ascertained, the physical signs and symptoms of each disease having been minutely studied.

In adhering to the opinions heretofore declared relative to the causes of the first form of disease, and in attributing the shortening, shrivelling, retraction, or apparent absorption of the fibro-serous structures of the auriculo-ventricular valves to a slow, insidious, subacute inflammatory process, totally independent of the doctrines of metastasis, unconnected with any other form of disease in the system, and virtually idiopathic in its nature, no objection has as yet been suggested sufficiently plausible, nor has any reason been discovered sufficiently valid, to justify the adoption of opinions in the least degree opposed thereto; but in adverting to the pathological phenomena of permanent contraction with patency, it is incumbent on the writer to glance cursorily at the doctrines of metastasis, which have of late years been inculcated by the highest authorities on this subject, those of the French school in particular, and which are still maintained with much zeal and earnestness by the majority of the profession, ascribing to the roving tendency of one ill-defined and much questionable form of disease, or, perhaps, with more correctness, to a vague, unmeaning term, a vast number of maladies, doctrines, which he unhesitatingly asserts have involved the profession in an intricate maze, to pursue the tortuous windings of which must inevitably lead to inextricable errors; the more increased must this confusion be, when we reflect on the number of structures in the human frame to which this doctrine of metastasis has been applied, the multiplication of forms of disease occasioned thereby, and

a catalogue of diseases already super-accumulated, still further augmented. In dissenting, therefore, in the present instance from those who are inclined to advocate the doctrine of metastasis, the writer means not to deny, and so contradict observations hitherto recorded, that in many patients affected with acute inflammation of the fibrous and synovial structures of the joints, several of the internal organs, and amongst them the heart and its envelopes, may become contemporaneously engaged, or even subsequently attacked by inflammation, so as to impart to it the semblance of a transfer of the inflammatory disease, and a seeming confirmation of those views of metastasis to which the writer has expressed himself opposed.

Should we now endeavour to draw a comparison between these two diseases from the symptoms by which they are in general attended, our attempts must prove abortive; the similarity existing between them obliging us to acknowledge our inability, particularly so when we note with attention the different degrees of dyspnœa and orthopnœa; the flutterings and palpitations; the disturbed and restless nights; the terrific dreams and violent startings in sleep; the sensations of internal oppression and weight on the heart, with constant failings and momentary arrests of the circulatory powers; the acute or dull, the lancinating or racking pains felt in the cardiac region; the regurgitations in the ascending and descending currents of venous blood manifested by the undulatory motions; the feeble, but occasionally distinct, impulses of the regurgitated fluid, accompanied by a slight vibration and gentle blowing or venous murmur, observable in the superficial and deep-seated vessels of the extremities, and of the neck in particular; the arrest of secretions; the functional derangement of the solid viscera, with serous infiltration of the cellular tissue, and liquid effusions into the serous cavities of the abdomen, thorax, and cranium, found as frequently in the one form of disease with the same observed regularity and order of succession as in the other; nor can we in this catalogue of symptoms, nor yet in the patient's history, single out one, two, or more particulars, by which the permanently-contracted aperture with patency may be signalised from that permanently patulous without contraction.

By now recalling to memory the pathological phenomena already described, and the results of mediate and immediate auscultation, we are justified by our researches in asserting, that the similarity between these valvular diseases is retained, whether we attest it by our sight, and observe the heaving of the thoracic parietes, the quivering motions in the epigastric region, and the forcible, energetic impulses; whether by percussion, and find an amount of dulness of greater or less extent, almost invariably exceeding the normal limits of the precordial region; whether by the touch, and detect a thrilling, twanging, purring vibration, accompanying an extensively diffused and bounding impulse; or, lastly, by the ear, and discover the entire of the heart's rhythm, obscured in the cardiac region by a blowing, whizzing, buzzing, or rasping murmur, varying in their degrees of intensity, and replacing the normal sounds of this organ, the action of the arteries continuing in each distinct, and free from abnormal murmurs.

Wherein, therefore, it may be inquired, does the dissimilarity exist, since it has been proved they correspond in so many leading features? Wherein do we possess the means of diagnosing between them? Wherein shall we discover in the history, symptoms, phenomena, and physical signs, the possibility of distinguishing these two important pathological alterations in the valvular structures? To those queries it can only be replied, that the opposed states of the auriculo-ventricular apertures can solely be ascertained, and a diagnosis formed, after a continued series of observations and examinations; and by frequently instituting a comparison between the physical signs, the strength of the heart's impulses, and the force of the arterial pulsations; and, lastly, by analysing the presumptive and collateral evidences in favour of, and in opposition to, each form of disease.

Thus, for example, if after several careful examinations we find the patient labouring under most of the symptoms detailed; if we find the heart's impulse extremely forcible and extremely energetic; the chest violently heaved during the systole and diastole of the ventricles; the epigastrium shaken; a tremulous, quivering motion being visible after each impulse; if from percussion we elicit an extension of the cardiac dulness, and from manual examination a strong vibratory twang; if by immediate auscultation we discover a bellows-murmur in the first, second, or third degree of the first stage, or in the first and second degree of the second stage, and that at each experiment no alteration can be effected, its character remaining unvaried, its intensity permanently undiminished; if these murmurs accompany and obscure the heart's rhythm in the cardiac region, not passing into the arterial trunks, nor interrupting the second sound; if, moreover, we observe a very notable difference, a remarkable disparity, an obvious want of accordance between the strength, the regularity, and frequency of the arterial pulsations, and the force of the shock, the energetic action, the violent and diffused impulses, elevating the entire chest, sometimes shaking the whole frame, and not unfrequently the bed and bed-clothes of the patient; if, in such a case, the strictest uniformity and regularity in the persistance of these phenomena and physical signs are noted down, we are then warranted from our own and the

researches of others in inferring, that permanent contraction with patency of one or both auriculo-ventricular orifices does exist.

But, on the contrary, regarding the case in another point of view, adopting and pursuing the same method, if, in the course of our daily examinations, or in those made at stated intervals of the same day, we detect an absence of uniformity in the strength, the force, the energetic action of the heart's impulse; if, in our auscultatory remarks, we note down an intermixture of a decided variation in the degrees of intensity, partaking at sundry times of those diversified characters which have been instrumental to their classification into stages and degrees; if, in our observations, we notice that, during the excited and depressed states of the circulatory powers, a very notable deviation from the original sound takes place either at the period of the examination or after the lapse of several hours and days, fining down from a state of the greatest intensity, loudness, and roughness, to a mild, indistinct, gentle, almost inaudible murmur; if, moreover, in addition to the varying intonations of the physical signs, we discover not that striking discrepancy between the feebleness and irregularity of the arterial pulsations, the bounding impulses, and violent action of the heart, but that a greater degree of uniformity, though not perfect, and a more strict conformity to the ratio of strength and frequency they normally bear to each other prevails: from which series of coincidences, so far as our present researches sanction, we are justified in forming the diagnosis of permanent patency from the morbid state of the valvular tissues already described.

It devolves upon us now to revert to the several relations which the physical signs and the morbid alterations in the structures of the heart bear to the respective theories of the two sounds of this organ. In almost the entire number of those cases it has been recorded, that the first sound of the heart was either totally replaced by some abnormal murmur obscured, or in some other respect impaired. In such individuals we found the muscular substance, fleshy columns, and chamber of one or both ventricles, disproportionate to those in health, combined with considerable derangement of the valves of the auriculo-ventricular apertures. In like manner, the second sound was clear, in few instances slightly impaired, and if not heard within the limits of the precordial region, a sound precisely similar, corresponding in the short, sharp, well-defined clack, was audible at the base of the heart, and in the direction of the trunks of the large vessels; in such persons the semilunar valves and the coats of the arteries were reported to be perfectly healthy, or only trivially diseased: wherefore it must be apparent, from these correlative circumstances, that there exists a very strong affinity and co-operation between the muscular parietes of the heart, fleshy columns, tendinous cords, and auriculo-ventricular with integrity of the semilunar valves, together with a certain degree of active energy, and the blood on which they have to operate as the cause, and the first sound as the effect, on the one hand; also between the aortic and pulmonary semilunar valves, the contraction and dilatation, or elasticity (if you prefer this term), of the coats of the arteries, and the blood on which they have to operate as the cause, and the second sound as the effect, on the other. Should any here present demand of the writer what the nature of the sounds of the heart is, since so many constituent parts have been connected together as essential to their production; and should such person require not only an explanation, but a significant definition of these sounds in accordance with those views, to such person or persons he would reply by referring them to their senses for information: if they consider this an insufficient explication, he assures them that experience alone can teach them, and impart to their minds by the organ of hearing a clear, simple, satisfactory definition; beyond which, if he should endeavour by words to convey to their intellects more distinct, more cognisable ideas thereof, his attempts shall be crowned with no better success than proving futile and nugatory.

In illustration of these remarks, let the causes asserted as essential to the production of the healthy first sound be tested in detail, and experimented on collectively, by instituting an examination of the hearts of six individuals in perfect health, acquiring an accurate knowledge of the character of each sound; and next place, side by side, patients whose circulation exceeds 120; it matters not under what form of disease they labour, sthenic or asthenic, symptomatic or idiopathic. Compare also those whose hearts have been subjected to hypertrophy of the muscular fibres, or those in whom the valves have suffered from acute, subacute, or chronic inflammation; from the results of which investigations he anticipates deductions confirmatory of these views.

Much time would be occupied in quoting Laennec's opinions; and again the arguments adduced by Professor Turner, to prove his theory of the second sound to be erroneous: as also the objections raised by others to the explanation offered by the latter, all which may be found detailed in Dr. Forbes' translation of Laennec, and Dr. Williams' work on Diseases of the Chest; but so far as the preceding cases sanction our forming an opinion, we may infer from the first sound being weak, or obscured by an abnormal murmur, continuous with the systole and diastole of the ventricles, the second sound remaining perfectly clear and well-defined, that the latter could not have had the slightest dependence on, nor the least

connection with, these separate actions of the ventricle: in like manner bestowing our attention on the state of the apertures, we might exclude the possibility of the second sound being produced by the dilatation of the auricles, as explained by M. Beau and M. Magendie; and that in succession might be refuted the various other explanations proposed, relative to the other sounds of this organ.

Meanwhile, in reasoning thus, the writer has expressed himself fully convinced of the healthy first sound being dependent on a certain degree of slowness of action; the contraction of the muscular fibres of both ventricles and fleshy columns in the interior; together with integrity of the auriculo-ventricular and semilunar valves, tendinous cords, and a proportionate quantity of blood to be acted on, all taken in unison, not severally, may be considered as productive of that sound, discriminated from the other by being dull and prolonged, the true character of which no words can properly express: so any of these essentials, whether defective or diseased, will tend to render it abnormal; whether it be too quick or slow; too strong or weak; too sharp or dull; or in any other particular, varying from that which every person who has stethoscopised a healthy organ must be familiar with, and when once impressed cannot readily be forgotten.

The classification of abnormal murmurs, audible in valvular diseases of the heart, into those stages and degrees referred to in our previous observations, may not inappropriately be introduced here, which, though inapplicable in every case of valvular disorganisation, may yet tend, by adopting a methodical arrangement, to simplify a train of physical signs, unaccountable and embarrassing to the inexperienced stethoscopist; which embarrassment frequently originates in the diversified intonations of the murmurs constantly merging from one into the other, and assuming characters so completely dissimilar, that it would be impossible to conceive they should ever have had the slightest connection with each other, or had their origin in the same cause

First Stage, comprising Three Degrees of the Bellows-murmur.

First Degree.—When the heart's action is accompanied by a very slight, gentle, blowing sound, generally heard in patients affected with nervous palpitations, when the circulation is accelerated; or in some of the cases recorded, when tranquillity was restored to the heart's action.

Second, or Intermediate Degree.—Being more prolonged and better defined; usually heard in hysterical females, in anæmic patients, and in incipient inflammation of the endocardium; also in some of the cases mentioned, when the circulation was disturbed.

Third Degree.—The slight and gentle-blowing murmur of the first degree has now assumed the character of a loud and "shrill whizz," which may be more prolonged than either of the former, or conversely more abrupt; in general a slight vibratory thrill is communicated to the touch, which change in intensity has been observed to attend a more advanced stage of the inflammatory process; a fibrous or fibro-cartilaginous thickening of the valvular tissues, without a breach in the continuity of the serous surface of the valves.

Second Stage, comprising Three advanced Degrees.

First Degree.—That in which the "shrill whizzing-murmur," still persisting, partakes of the "regurgitating, hissing, or whizzing" character, possessing a degree of roughness previously unobserved, being accompanied by a strong, well-marked purring vibration, the addition to the pathology of the apertures being a more decided crippling of the functions of the valves; a greater amount of patulency, from increased rigidity, or from shortening and retraction of their structures.

Second Degree.—All trace of the original blowing or bellows-murmur is obliterated, and replaced by a murmur bearing an obvious similarity, in some cases, to the action of a file, in others to that of a rasp; hence denominated "filing and rasping-murmurs," attributable in general to an augmented state of induration; in particular, to a rugged, uneven, but still perfect and polished surface, from subserous, fibro-cartilaginous deposits.

Third Degree.—The abnormal murmur is in this degree so loud, having arrived at its maximum of intensity, that it obscures and renders undiscernible, individually and collectively, the component parts of the heart's rhythm, being more extensively heard, and in many instances resembling a loud sawing noise, combined with a deep and shrill coo; the vibratory, purring, twanging thrill may be felt extensively diffused, and existing in a state of perfection; the corresponding morbid advance in the structures of the valves appears to be abundant ossific deposits, with a scabious, fissured surface, from a protrusion of the ossific spiculæ through the serous membrane, and considerable contraction of the orifices.

Third Stage, comprising Three Degrees of Anomalous Murmurs.

First Degree.—May be considered as the maximum of the last described, which, from its loudness and roughness, has in one case been heard over every part of the chest, without the aid of a stethoscope; so that a constant buzzing, similar to that proceeding

from a spinning machine, prevailed, produced by an extremely-constricted orifice, with ossific induration of the valves.

Second Degree (*Anomalous*).—Where the bellows-murmur originates in some of the pathological states of the valves described, being combined and intermixed with other varieties of murmurs, either in the second or third stage, which proceed from an aneurismatic condition of the ventricular parietes, or from aneurisms of the coats of the arteries.

Third Degree (*Anomalous*).—Wherein any of the preceding varieties of the first, second, or third stages is found combined with an acute, subacute, or chronic inflammation of the pericardium; and, consequently, with the different alternations in the intensity of the friction and creaking sounds accompanying the heart's action, exemplified in case No. 5: moreover, under this degree (the third of the third stage) may be classed all other anomalous murmurs complicated with the bellows-sound.

Note.—There has been published in the "Dublin Medical Press," September 8, 1841, an account of M. Cruveilhier's observations on the motions and sounds of the heart. The conclusions he has arrived at relative to the causes of the sounds are contained in the following extract:—"It seems to result from these observations, that the two sounds of the heart are seated at, and originate in, the pulmonary artery and the aorta, and that their cause is the clicking of the sigmoid valves; that the first sound, which coincides with the ventricular systole and the dilatation of the arteries, is the result of the replacement of the previously depressed sigmoid valves; that the second sound, which coincides with the ventricular diastole, and with the contraction of the arteries, is the result of the depression of the sigmoid valves, pushed back by the retrograde wave of blood, &c. Finally, may we not conclude that the first sound of the heart is seated at the sigmoid valves, from the mere fact that it is not situated in any other locality?"

My first objection to his theory of the first sound, opposed as it is to the views stated in the preceding pages, consists in pronouncing the premises from which he has drawn his conclusions as too limited and imperfect; also from his experiments being performed in an incomplete and rather unsatisfactory manner.

Second. I object to his conclusions, inasmuch as he has overlooked the striking dissimilarity existing between the fœtal and adult first sound in a healthy condition, which a very slight degree of resemblance tends to confirm the statements I have advanced.

The third objection consists in our possessing a standard of strength, a standard character by which the first sound ought to be judged, and any deviation therefrom be considered an abnormal state.

Lastly, from the results of the pathological anatomy of this organ, and the stethoscopic examinations of persons affected by cardiac disease, we are in possession of facts directly opposed to M. Cruveilhier's theory of the first sound, which demonstrate also a precipitancy in the conclusions he has affixed to his paper.

TREATMENT OF MESENTERIC GLANDULAR AFFECTIONS.

By Dr. Charles Clay, Mem. Roy. Col. Physicians, London, and Lect. on Med. Jurisprudence, Manchester.

Under the name of marasmus, and as an affection of childhood, diseased mesenteric glands are very common, almost daily coming under the notice of medical practitioners, *particularly in manufacturing districts*, where laxity of fibre and much constitutional debility prevail, and where the habit, diet, &c., contribute considerably to its encouragement. But as a disease of puberty or adult growth comparatively little is known; yet it is certain that a disease strictly analogous to the marasmus of childhood is very prevalent, much more so, indeed, than is generally admitted, and annually carries off many whose deaths are often attributed to very different causes, even in other than manufacturing districts. Three-fourths of the common cases of atrophy are attributable to glandular obstruction only. From the many cases that I have observed during twenty years' practice, and in the treatment of which I have been engaged, a few practical observations with respect to it may not be unacceptable, particularly as there are few cases that call forth more patience from the medical attendant, and certainly none that are productive of greater disappointment, rendering it in the highest degree necessary to make a correct diagnosis, which, having been made, a long and steady perseverance in remedial measures is to be pursued. I say a long and steady perseverance, because the nature of the case particularly requires it, not only on the part of the medical attendant, but also of the patient. In all cases of long-continued disease there is an aptness to run from one practitioner to another, vainly seeking that immediate relief which cannot possibly be given. If a correct diagnosis be once formed, and the slightest benefit obtained, every confidence should be placed in the party, and perseverance should be the motto of the invalid.

The treatment of mesenteric affections is so often confounded with that of atrophy from other causes, that great errors have arisen, which it is the more necessary to point out. No gland can be enlarged or indurated by

disease without obstructing the operations of nature, for which those glands were especially formed; it is evident therefore when such indurations are ascertained to have taken place, our attempts at relief should be directed to the chief cause of mischief. Where glandular obstructions exist, it is evident that the quantity of chyle must be limited in proportion to the extent of diseased structure, and in the same proportion the system suffers from emaciation, not receiving the supply of nutriment sufficient to maintain the system in its former healthy state; consequently, this disease is found in every stage from the slightest obstruction to the entire obliteration of the glandular action; no chyle poured into the blood, the system is emaciated in the extreme; the limbs or parts most distant from the centre of circulation become œdematous, and death immediately follows.

If, then, glandular obstruction be the diagnosis, what is to be done? This leads me to make a remark or two on some of the general axioms of treatment pursued in such cases, with a view to point out their errors, and substitute a plan that the writer has often pursued with considerable advantage.

Dr. Thomas observes, "That in all cases of atrophy the patient should make use of food that is nutritive and easy of digestion, and it should be taken *frequently*, but in small quantities at a time." I fully agree with him as to the kind of food, but maintain that to feed an atrophic patient *frequently* is a very mischievous doctrine, calculated to increase rather than lessen the evil: that the whole of the alimentary canal is much deranged in atrophic cases is certain, and the greatest caution is required in the selection of such food as will not require too great an effort for the digestive function; but for that organ to be continually stimulated by constantly taking food is decidedly injurious, the stomach requiring rest from its usual operations as much as any other organ in the body. The repose of the digestive function is necessary to the well-being of an invalid, and in none more so than in atrophic cases, when it is evident, however much chyme may be formed, no more chyle can pass into the system (in consequence of the indurated glands), if the patient be eating every hour in the day, or if only allowed to indulge three times in twenty-four hours; there can be then no advantage in debilitating digestion by frequent meals, whilst the disadvantages must be apparent to every one on the slightest reflection, viz., it increases general debility, and prevents the due operation of medicine calculated to resolve the existing indurations, and consequent obstruction in the mesenteric glands. Impaired digestive function is the consequence, *and not the cause* of the prevailing disease in this case. The real disease should be primarily attacked with the necessary caution of not impairing the powers of digestion further; it will then be evident that all those symptoms necessarily arising from such causes must give way as the cause which provoked them vanishes. The too frequent exhibition of, and too much dependence on, powerful tonics, appears to me contrary to the diagnosis of mesenteric glandular affections, for it must be useless to waste time in the endeavour to improve the function of the stomach by tonic medicines, which, though considerably impaired, *is capable of digesting more food* than can be converted into chyle. The symptoms of indigestion we so often find as attendants of glandular obstruction, are often increased to a very considerable degree by the ill-advised and constant taking-food system.

Very many cases of this description are treated in respect to the miseries of indigestion, whilst the glandular affection is either totally lost sight of, or treated merely as a secondary matter of minor importance, whereas the very reverse ought to be pursued. The constant stimulus kept up by tonics in an emaciated system (extremely sensitive and easily excited), counteracts every effort at reducing glandular induration; and this is rendered still more injurious by wines and other stimulating drinks which have been recommended. Such a mode of treatment might be adopted in the common forms of scrofula with less objection than in mesenteric affections, but I must confess *even in those* I never perceived stimulants attended by any good effect. In atrophic cases, however, they are highly pernicious, although they are esteemed by some as scrofulous affections. When œdema takes place, diuretics have been advised; but as this feature is one pointing out the inevitably fatal termination of the case, such means can only hasten the event, being only another drain on the already debilitated system, without adding anything to the supply. Should any means adopted prove successful in restoring the glands to a healthy action by resolving the existing induration and restoring them to their original size, then there can be no mistake in the exhibition of tonics freely adopting every means for restoring the physical powers of the system.

The treatment which I have found most effectual, and which I do not advance on mere theory, but from twenty years' close observation, is the use of a medicine that is generally allowed to be almost a specific in diseases of the glandular system, and that in doses so small as not to excite the disturbance of the digestive organs, combining such means with milder tonics just sufficient to keep the system from sinking any lower, without any anxiety for increasing the physical powers until the indurated glands may have been restored; under such circumstances I commence by giving the following:—

℞ *Tincture of iodine*, gtts. xxx;
Fowler's solution of arsenic, gtts. xxv;
Infusion of colombo or gentian, ℥vi.
M. Let one-sixth be taken three times a-day.

As it sometimes happens that the solution of arsenic produces pains in the head, I occasionally omit it in the mixture for the space of two or three days, after which it is resumed. By persevering some time steadily with this mixture I have found the worst cases much ameliorated, and life considerably lengthened, whilst many have been entirely restored to health; but as glandular resolution is of itself an extremely slow process, so it requires both perseverance and confidence on the part of the invalid, and great patience from the medical attendant. It is also necessary in the progress of cure to affect the system very slightly with mercury once or twice (and in some cases of extensive disease of long standing) even three times with great advantage, by which means the absorbent vessels are stimulated into freer action, and the effects of the iodine seems to be improved by it. When it is requisite to give mercury, I prefer affecting the system as rapidly as possible by very small doses of calomel very often repeated, as

℞ *Calomel*, grs. ij;
Crumb of bread, enough to make twenty-four pills. Take one every hour until the mouth is affected.

The advantage in this is, that the desired effect is frequently produced within twenty-four hours, when the iodine mixture can be resumed (which it is necessary to omit whilst the effect is being produced). This plan, if strictly attended to, is one that I can recommend with confidence as a safe and effectual one, applicable to every case of glandular induration, and unsuccessful only in cases too long neglected, where the action of the glands is almost entirely obliterated. The diet should be strictly such as to afford the greatest quantum of nourishment with the least possible exertion of the stomach, to be well masticated, mixed with as little fluid as possible (with the exception of milk), and particularly to avoid those of a highly stimulating character, such as wines, spirits, and fermented liquors: to let a space of at least six hours elapse between taking food, and even then the stomach should not be overloaded. These rules are imperative to the well-being of the patient. Exercise should be of the gentlest description; why horse exercise should be so highly spoken of by many I cannot conceive; in many instances I have seen it the very reverse of gentle; only fancy a weak, emaciated female tugging at the reins, and urging forward a stupid, rough-paced animal with an exertion highly injurious; unless the adviser would go farther and say the kind of horse he recommends, he might as well send his patient to the treadmill: unless, then, the horse is a very suitable one, I am convinced the patient would progress better without such exercise. Where it can be procured, and weather permitting, an airing in an open carriage or a gentle walk is to be preferred; if, on the contrary, the weather is unfit, a swing rocking horse, or exercising chair, are very good substitutes; the mind to be kept cheerful, free from extraordinary excitements, occupied rather on pleasant trifles than on subjects requiring reflection. The atrophic cases of manufacturing districts, however, have but little comfort at command; still I have seen many restored under almost every disadvantage, and am anxious the plan should have a more general application, that its merit may be fully and fairly tested.

Piccadilly, Manchester,
Feb. 26, 1842.

CASE OF

ENCYSTED ATHEROMATOUS TUMOUR

Situated in the Cavity of the Nose, displacing the Nasal Bones.

By Mungo Park, Esq., Surgeon, Norham.

Thomas Jackson, a stout and healthy lad, about eighteen years of age, applied to me in January, 1839, in consequence of having an unsightly-looking tumour in the cavity of his nose, imparting to the countenance a very uncommon appearance. The young man did not complain of the tumour causing any other inconvenience than a stuffing of the nose, and especially at night. On inquiry I found that the tumour made its appearance in the shape of a slightly elevated red spot on the bridge of the nose shortly after birth, and had gone on gradually increasing in size until the period of his application, when it was as large as an ordinary sized hen's egg. The external surface was red and vascular, extending in an oval form from the superior margin of the nasal bones nearly to the point of the nose. To the touch it was soft and fluctuating, and had caused the nasal bones to diverge very considerably from each other. The friends of the young man being very anxious that something should be done to remove the tumour if possible, I punctured it with a bistoury, and then introduced a probe, and broke down the cellular structure within: a small quantity of atheromatous matter was discharged. A poultice was ordered, to be applied over the tumour. On my next visit I was glad to find that nearly a wine-glassful of atheromatous matter had been discharged on the third or fourth day after the puncture had been made. This circumstance I attributed to inflammation and suppuration caused by the irritation of the puncture and introduction of the probe.

On removing the poultice, I found the sides of the tumour very much collapsed, and the young man quite pleased with the improved change in his appearance. On examining the discharged matter I discovered a quantity of short hairs amongst it, which Sir Astley Cooper mentions "are frequently found in tumours arising near to parts where hair is naturally produced. Such hairs (he adds) have no bulbs nor canal, and differ therefore from those which are produced on surfaces of the body which naturally form hair." After allowing the inflammatory action of the tumour to subside, the following injection was prescribed and continued for some weeks:—

℞ *Sulphate of zinc*, gr. xii;
Water, ℥viij. M. ft.

To be used three times a-day by means of a syringe.

Under this treatment and attention to the state of the general health the discharge gradually diminished, and the nasal bones were apparently closing in to their natural position. In the course of a few weeks the injection was changed to—

℞ *Nitrate of silver*, gr. xij;
Water, ℥vj. M. ft.

To be used as before. After persevering thus for a few weeks longer the discharge had nearly ceased, when I changed the injection again to—

℞ *Nitric acid*, ℥j;
Water, ℥vj. M. ft.

To be used in the same manner as the preceding, taking care to keep the orifice in the tumour open by means of a tent. In about seven or eight months from the time of the young man's first application a perfect cure was effected, and his appearance was so much improved that scarcely any trace of the tumour could be discerned.

Remarks.—On account of the peculiar situation of the tumour, I considered it would not only be hazardous but next to impossible to dissect it out in the usual way; and I felt a little reluctance in meddling with it in case of hæmorrhage, encysted tumours often having a hæmatodal disposition as described by Mr. Hey, I also apprehended it might degenerate into a diseased fungous growth, I therefore consulted Dr. Johnston, of Berwick-upon-Tweed, about the propriety of puncturing it, and was glad to find him favourable. The successful result of this case will, I trust, fully prove the advantage of using stimulating injections in cases of encysted tumours situated in parts which preclude their removal, notwithstanding the veto put forth by Mr. Abernethy regarding the treatment of such tumours, "I consider (said this celebrated surgeon) that it is dangerous to irritate encysted tumours."

Norham, near Berwick-on-Tweed,
March 1, 1842.

UNIVERSITY COLLEGE HOSPITAL.

DISEASE OF THE ELBOW-JOINT.—EXCISION.

W. H., aged 12, was admitted November 26, 1841, under the care of Mr. Liston; he is a brass-worker; never enjoyed very good health, but attributes much of his illness to the nature of his employment. In March last he first discovered a swelling at the head of the right elbow, it was not very painful, but was tense and red. He was then at Birmingham, and applied to the infirmary for advice. He was ordered a lotion for the limb, which was also placed in a sling, and carbonate of iron was given internally. About six weeks afterwards a bistoury was introduced into the swelling, and a small quantity of matter evacuated. Finding his elbow get worse he came to town, and made application at this hospital this morning: he was immediately admitted into the hospital. There is now considerable swelling about the right elbow-joint, in which there is a slight fistulous opening at the inner border: from this there is a copious discharge; the joint is painful on pressure, and on being moved; the motions of the forearm are much impaired; health not affected.

Dec. 6. Having got slightly out of health since his admission, he was treated with alteratives and aperients with much benefit

As the joint was irremediably diseased, and as his general health was much improved, Mr. Liston proposed to excise the joint.

Operation.—The patient was placed with his face on the table, Mr. Liston standing on his right side. An incision was first made on the radial side of the ulnar nerve, in the direction of the limb, by pushing the point of the knife through the integuments and fibres of the triceps muscle to the back of the humerus, and carrying it downwards in contact with that bone and the ulnar for about three inches; another incision was then made, commencing over the outer angle of the humerus, penetrating the articulation, and at right angles to the last, and almost as long; the flaps which would thus be formed were reverted by a few strokes of the scalpel, and the ends of the bones turned out of the wound by flexing the arm. When this was done a considerable jet of pus sprang out from an abscess deeply seated in the forepart of the articulation; the ends of the humerus, ulnar, and radius, were then sawn off. No vessels required ligature. Wet lint was applied to the wound, and the patient carried back to bed.

On examining the joint, the ligaments were found to be almost entirely destroyed by ulceration.

In the course of a few hours after the operation the wound was partially brought together by three points of suture, and a pasteboard splint was placed on the inner side of

the arm in order to strengthen the limb, the forearm being slightly flexed and pronated.

12. The wound has been going on very favourably until to-day; he is now very feverish, and there is some appearance of erysipelas over the lower part of the forearm. Ordered an effervescing draught of soda and tartaric acid, and a calomel and jalap powder at night.

13. The medicine has acted, but there is no abatement of the fever, and the erysipelas spreads. Ordered to take a quarter of a grain of extract of aconite every four hours; fomentations to be constantly applied. In the evening a ring of nitrate of silver was drawn round the upper arm to prevent the spreading of erysipelas upwards, to which there seems a tendency.

16. The erysipelas has declined somewhat in the forearm, but seems to be spreading upwards. Continue fomentations and extract of aconite.

19. Not much change. Ordered to have half a pint of porter daily, and to omit medicine altogether.

22. Erysipelas has subsided; the wound has continued healthy in appearance during the whole course of the erysipelas: it has, however, made no progress towards healing.

23. Arm placed in a splint to-day; red wash applied to the sore, and a nine-tailed bandage over it.

27. Going on well; sore very healthy, granulating freely; patient sits up.

Feb. 12. Since the above report the boy has continued to do well, and has been going out every day for some hours; he is now kept at the hospital only to watch the progress of the cure.

KING'S COLLEGE HOSPITAL.

SCIRRHOUS TUMOUR IN THE MAMMA—OPERATION FOR ITS REMOVAL. CLINICAL REMARKS BY MR. FERGUSSON.

Anne Carrier, aged 47, a milkwoman, was admitted October 24, 1841, under the care of Mr. Fergusson. About four years ago she struck her right breast against the corner of the counter in her shop. A small circumscribed tumour shortly afterwards appeared; this slowly increased in size during the following three years, until it had attained the size of a walnut. During this time she experienced no inconvenience from it, except some slight pain down the arm on the same side. About nine months ago the breast began to swell, and became very painful: in about three months more, a small opening formed in the skin over the tumour, which speedily closed again after discharging a little matter. At present there is a puckered cicatrix, such as can be covered with the point of the finger about an inch and a half on the axillary side of the nipple, which latter part is as prominent as in the other breast. Beneath the cicatrix and surrounding skin an indurated mass can be felt, occupying a considerable portion of the mamma. The skin is slightly adherent to the most prominent part, but the swelling seems to glide easily over the pectoral muscle. There is no apparent disease in the axilla; but she complains of pain in this situation, as also in the arm. In the tumour itself the pain is sharp and pricking. The disease causes her great uneasiness, and she sleeps badly at night.

30. To-day the patient was brought into the operating theatre, when Mr. Fergusson removed the tumour and the greater part of the breast, including the nipple. Four ligatures were applied to the bleeding vessels; the edges of the wound were held together by caoutchouc stitches; a pad of lint was placed on the wound, and retained by means of a calico roller passed round the chest. Mr. Fergusson then stated that the patient had been sent to him several weeks before to undergo the operation which he had just performed, but at that time he did not feel inclined to resort to this practice, as, though there were many reasons for taking an unfavourable view of the nature of the swelling, he was willing to imagine that the induration was only that succeeding to a chronic abscess. He thought it prudent, at all events, to watch the progress of the case for a time; and the patient had been accordingly desired to attend once a-week at the hospital, whilst various means were tried to cause the swelling to disperse. No improvement had taken place, and under the circumstances he deemed it prudent to resort to the operation, as further delay might be productive of more harm than good. A section was then made, and the surface presented the usual characters of scirrhus. At a clinical lecture some time after, Mr. Fergusson brought this case again under the notice of the pupils. He stated that he felt anxious to direct their attention to at least one example of every form of disease of common occurrence, so that he might exemplify the ordinary forms of practice to be pursued in similar instances: they had seen how cautious he had been in coming to the resolution of performing an operation in this case, and he would recommend them to be equally so in such cases, for, occasionally, even the most experienced might be deceived. His chief reasons for concluding that this disease was scirrhous, were the puckered state of the skin; the hard, irregular surface of the tumour, and the character of the pain. These, combined with the history of the case, the age of the patient, and a certain sallowness of the skin, often observable in such diseases, influenced his opinion, and the section of the tumour corroborated the justness of the view he had taken. By far the greater number of such diseases

were seated between the nipple and axilla, and this example followed the usual course. It was worthy of remark, however, that the nipple was as prominent as in a state of health, as, in general, its retraction formed one of the most characteristic features of scirrhus in the mamma. The reverse might be accounted for in this instance, by the distance of the disease from the nipple; though he had no doubt that if the growth had been allowed to enlarge, this part would at last have been, as it were, drawn into the disease, and puckering would have been as well marked as usual. They had seen how he had proceeded about the operation. The patient had been laid on a table; for though he often used a firm chair for such purposes, he gave the preference to a table. In making the incisions he had observed more than his usual care, as he had discovered, after the tumour was partly dissected out, that there was a portion of it which had not been so well defined before the knife had been applied, and which as it was in contact with the pectoral muscle, and extended towards the arm-pit, required a more careful dissection for its removal than other portions of the breast. He had removed a greater portion of this organ than by some might be thought requisite, but he was now generally in the habit of doing so, as he had often observed that the wound did not unite so readily when the surfaces consisted chiefly of the firm texture of this gland, as when formed by the surrounding fat and cellular tissue. Besides, by such a proceeding there was greater probability of the disease not returning. He had found on examining the tumour more carefully than he had done immediately after the operation was finished, that the deeper portion of the disease consisted of a distinct scirrhous tumour, nearly as large as that which was immediately below the puckered cicatrix. He thought this circumstance worthy of notice, as it was unusual in scirrhus of the mamma to find more than one tumour. A chain of scirrhous glands could often be traced from the breast into the axilla in cases of cancer; but this instance differed from these, as there was no disease in the arm-pit, and the second tumour seemed as much connected with the structure of the breast as the one which had attracted most notice. After securing four vessels, being all he thought would cause any trouble, he had brought the edges together with the object of promoting immediate union; but the subsequent history of the case would show that this desirable end had not been obtained. In the evening after the operation, in consequence of an oozing of blood through the dressings, and the patient's uneasiness, the bandage and pad had been removed, and as there was considerable swelling in the wound, one of the stitches was removed, when a quantity of clotted blood tumbled out. It was not found requisite to secure any vessels. Cold was applied, and the bleeding caused no further alarm, though, in consequence of some clots being allowed to remain in the wound, the discharges were of a bloody aspect for the first three or four days. As union by the first intention had thus been frustrated, he had ordered warm-water dressings to promote suppuration, which action was now going forward; whilst granulations were springing up, and by their contraction gradually closing the gap. Perhaps the continued oozing of blood in this case had afforded another reason for removing a larger portion, nay, even the whole breast, as he felt assured that the bleeding had occurred from one or more small vessels running in the substance of the small portion of the breast which had been left. He had known the same thing happen in other cases, and imagined that the vessels did not retract so readily in the mammary structure as in ordinary cellular tissue. There had been nothing remarkable in the after-treatment. He had stated on several occasions in visiting the wards, that as there did not appear to be much action in the wound, and as there did not seem to be much original stamina in the patient's constitution, it would be desirable at an early period to place her on a generous diet. He had done so, as soon as he felt satisfied that no severe sympathetic fever was likely to follow the operation; and the practice had, apparently, been attended with benefit. From all he could see of the history and progress of this case, he anticipated a favourable result to the operation he had performed: indeed, had he not felt assured, as much as a person could be in such cases, that there would be no return of the disease, he should not have considered himself justified in recommending an operation.

Dec. 8. This patient has continued to do well since the last report, and has been discharged to-day with the wound almost entirely cicatrised, and in a most healthy condition.

EXCISION OF THE SUPERIOR MAXILLARY BONE.

(Case of Mary Anne Field.)

Feb. 26, 1842. Since our last report on the 15th nothing particularly worthy of notice has occurred, or different from what we had anticipated. The health and strength have improved daily; the wounds on the surface have now entirely closed, and the aperture in the original situation of the tumour has diminished so much, that the point of the fore-finger passed through the mouth can scarcely be introduced; the whole surface is cicatrising rapidly. The external appearance of the cheek when viewed at a distance differs but little from that of the other side: on a closer inspection of the face, the distortion in the healthy parts occasioned by the growth is now more readily perceived than before the operation. The bend in the right side of the

lower jaw referred to in the clinical remarks annexed, is now more distinct; and having lost the substance of the tumour above, the whole jaw appears to have shifted somewhat to the right side, so that the incisor teeth on the left seem more prominent than they were before. This is evidently, however, in consequence of the change above referred to, for every part around the upper jaw is in the most healthy condition. The orbital arch of the frontal bone still maintains a greater breadth than that on the left side; all throbbing and unpleasant sensations in the eyeball have ceased; she breathes freely through the right nostril; is free from any complaint; walks about the ward daily, and in so far as we can perceive has made a rapid and complete recovery.

In his remarks after the operation, and in a clinical lecture delivered at a subsequent period, Mr. Fergusson stated, that when this case first came under his notice he had examined it with the utmost care, as he was then informed that some of those whom he had ever looked upon as the highest authorities in the profession, had given an opinion against any interference; and that he had thus been led to give it more attention than he might otherwise have done. The considerable size, and, in particular, the deep situation of the tumour, formed the least favourable, and, perhaps, the most formidable, features in the case. On the other hand, its slow growth (for it would be observed that eight years had passed away ere it had attained its present magnitude), the absence of all appearance of malignancy, and the circumstance that all its connections with the neighbouring parts, in as far as they could be examined externally, were of such a nature as to permit of a separation between the diseased and healthy textures, were all favourable to the performance of an operation. The only point of doubt was, with regard to the connection of the upper and back part of the mass, as these might actually be attached to the base of the skull, as had been found in some species of growths in this situation. However, taking into consideration the fact that the tumour had first appeared in front, that the point of the fore-finger could be passed behind the tuberosity of the superior maxilla, and into the upper and back part of the pharynx above the soft palate, as also that there was little likelihood of the spheno-maxillary fossa being closed by a growth of the present kind, proceeding as it did from below upwards, he was induced to imagine that an operation might be performed with every prospect of a satisfactory result. The girl was young and healthy in every other respect, and provided she overcame the immediate shock of the necessarily severe operation required for the removal of the disease, he had entertained the hope that the wound would go on favourably.

For most practical purposes, growths in this situation might be divided, according to the common arrangement, into malignant and benign; the former, it was stated, were generally characterised by rapid growth, speedy development of disposition to fungate, more particularly when the tumour projected into the nostrils; want of defined limits after attaining a certain size, the neighbouring textures being seemingly involved in the disease; the whole mass at a very early period, as soon as the walls of the antrum became in part absorbed, feeling soft and pulpy, and in a more advanced stage showing all the appearances of the encephaloid tumour, as also in general by the emaciated and unhealthy aspect of the patient, usually denoting the presence of a malignant affection. The reverse of all these commonly indicated the character of non-malignancy when a tumour was present, and it would be remarked how much this was the case in the present instance. He had at first been inclined to consider the tumour as an osteo-sarcoma, with, probably, a greater preponderance of bone than of soft parts in it; but it had turned out one of, perhaps, rarer quality, a solid growth of bone throughout; in short, an exostosis. He had seen in museums various examples of exostosis in this situation: in some instances, over one side of the upper jaw, though occasionally on both, and these preparations had usually been procured from the dissecting-room or the churchyard; but he had never seen one on which an operation had been performed. Out of all the considerable number of cases which he had seen operated on in Edinburgh, more particularly in the Royal Infirmary there, where, perhaps, a greater number had been operated on during the last fifteen years than in any other single establishment with which he was acquainted, he had not seen one of a kind exactly similar. He would not detain the pupils with a recapitulation of the steps of the operation which they had seen him perform, and would only now mention that instead of having attempted the old method of operating in such cases by means of strong cutting instruments, chisels, gouges, and mallet, he had performed the operation of attempting to remove the disease, as one would operate on a scirrhus mamma, by cutting in the textures in the vicinity still supposed to be in a healthy condition; an operation which he believed had first been described and proposed in this country by Mr. Lizars, of Edinburgh, and which he had seen performed by that gentleman, by Sir G. Ballingall, by Mr. Liston, and by Mr. Syme, on a variety of occasions, when he himself resided in Edinburgh.

The chief difficulty he had to contend with in this case had been unexpected on his part. He had divided the palate, the zygomatic arch, the junction of the malar with the frontal bone, and also the ascending process of the superior maxilla, with all the

case he had anticipated; but at the time when he expected the disease to start readily from its place by the application of a slight degree of force, he was surprised to find that it still remained fast in its situation. Feeling the necessity and propriety of continuing his efforts, he had cut away a portion of the zygoma altogether, so as to permit him to insert an instrument, the forceps, behind the tumour, with which he applied a greater degree of force in a downward direction than he had hitherto done. Upon doing this the tumour suddenly started from its position, and was then speedily removed, as they must have remarked, by a few strokes of the knife. In all the operations of this kind which he had witnessed, as soon as the various processes of bone which he himself had first attacked in this instance, had been divided, a very slight force had caused each tumour to move from its place; but here he had found, after the separation of the disease, that the orbital plate of the upper jaw, as well as the inner margin of the orbit generally, had become greatly thickened in the progress of the growth; a condition of parts on which he had not calculated. Happily, however, the part which still kept the tumour firm had given way, when all further difficulties ceased, for a few movements of the knife had enabled him to complete the proceedings. They had seen during the operation, and after the removal of the tumour, that no attempt had been made to restrain bleeding, by compression of the common carotid; nor had such a process been required: indeed, he believed that very copious bleedings in such operations only occurred in those instances where the tumours extended so deep that portions of them still remained after the removal of the greater bulk of the disease. So far as he could judge, he was not an advocate for the preliminary step of placing a ligature on the common or external carotid in such cases; and he said so, after seeing operations both with and without this proceeding being resorted to.

The instruments which he had used, they would observe, were few and simple; a good strong clasped bistoury, a small saw, and the cutting-pliers, were what he chiefly had depended upon. He begged to call their attention to the shape of the pliers which he had used, and which were bent at an angle at the root of the blades, which he thought extremely serviceable in such operations. He had first been led to use such a shape (it was old, and figured in the plates of Scultetus,) by his friend Mr. Nasmyth, of Edinburgh, who, besides being a most skilful and eminent dentist, was highly qualified as a practical surgeon, and to whom he had been indebted in several operations on the jaws for very valuable assistance. The points of this instrument could be made to reach parts on which the point of the ordinary straight forceps could not so readily be placed. He had, however, as they would remark, used the straight blades also; but in selecting his instruments for such operations, he was in the habit of having near him a variety of forceps of different shapes, some of which he had found extremely advantageous in operations upon the bones, even in other parts of the body.

With regard to the probable ultimate result of this case, he was inclined to take the most favourable view. His colleagues, Dr. Todd and Mr. Partridge, had both examined portions of the tumour under the microscope, and had not perceived any difference in appearance from thickened bone in other parts, and under other circumstances, as in the tibia, in cases of old ulcers, or in exostosis, of which kind of disease he deemed this an example. It was not considered a malignant disease, or one likely to return after removal. He had himself operated on two cases of a similar description of tumour in the lower jaw, one involving the right horizontal ramus, the other the ascending, and requiring disarticulation. Both of these examples he exhibited to the students, to compare with that which was the subject of the lecture. After tracing these cases for six and five years respectively, he found all the parts in the vicinity in a healthy condition. Time alone, however, could prove the result in this instance, and he could only further express a hope, in which he was sure all the pupils, from the interest they had shown in the case, would concur, that the poor girl would be permanently relieved from a disease for which she had submitted to so severe and formidable an operation.

The case is still going on well, and may be regarded as recovered.

ON THE

LONDON, EDINBURGH, AND DUBLIN COLLEGES,

AND THE

MILITIA ACTS.

To the Editor of THE LANCET.

SIR,—Lord Segrave, now Lord Fitzharding, offered me in 1835 the appointment of surgeon in the South Gloucestershire Militia, but although I was a licentiate of the Edinburgh College of Surgeons, I was disqualified for it, because I was not a member of the Royal College of Surgeons, thus excluding the licentiates of the Edinburgh and Dublin Colleges from the English militia, but taking special good care to admit its own members into the Scotch and Irish militias, while it excludes them from the English militia.

I shall enter into this and another matter requiring reform, as both have escaped the notice of the Edinburgh and Dublin Colleges.

I published these facts and the law respecting the militias, in 1835, in THE LANCET, and communicated an outline to the British Medical Association, of which I am a member, in January, 1841, to which body Dr. Webster read it.

The licentiates of the Dublin and Edinburgh Colleges are excluded by the London College from the English militias. This is an important matter, for there ought to be a common reciprocity of privileges between the three colleges.

I have tried in vain, upon the force of the licence of the College of Surgeons of Edinburgh, to get in my own bad debts, as a surgeon, charging for consultations and attendance, in England and Wales. *A man from Dublin*, as a member of that college, also *cannot get in debts in England* by virtue of the Dublin diploma. They cannot recover the just debts of their dishonest and villanous patients by any powers or privileges, in England or Wales, given by either Irish or Scotch diplomas. This power ought to be obtained. I tried to get debts in upon the plea of the Scotch licence, and could not effect it by that means. I must say that if the licentiates cannot recover their professional charges upon the strength of Scotch and Irish diplomas, while the members of the London College can recover their debts, and can qualify its members for *all three* militias, it may turn out a "heavy blow and a great discouragement," both the Scotch and Irish members of these two Colleges of Surgeons being either licentiates or members of both those colleges, after the undue preference given by Act of Parliament to that jobbing and infamous body, the College of Surgeons of London. I shall now submit to you the Acts of Parliament abstracted by me on this subject, and addressed to Earl Fitzharding, my friend and patron.

I have examined minutely and correctly the several Militia Acts in the Statutes at Large. The last Act of the English militia, viz., the Act of the 42nd Geo. III., viii., c. 90, June 26, 1802, for raising and training the militia in England. The provision of that Act (clause 77) is: "To appoint one fit and proper person, who shall have passed an examination at Surgeons' Hall in London, and received his certificate accordingly, to be surgeon of such regiment, battalion, or corps." This is curious if compared with the following clause (c. 91, also of the 42nd Geo. III., 1802), for the "raising and training of militia in Scotland," which provides that the surgeon should have passed Surgeons' Hall in London, or before the College in Edinburgh; or, again, if compared with the Act passed the 19th June, 1809, c. 120, 49 Geo. III., which recites that "the surgeon or assistant shall not be capable of serving in the militia unless he has been certified by the Royal College of Surgeons in *Dublin, (!)* London, *Edinburgh*, after due examination, to be properly qualified, in like manner as surgeons in the army are required to be certified."

In the first, therefore, the term "Surgeons' Hall," in the English Militia Act, being followed by the words "in London," but not reiterated in the body of the Act, which I have supplied to make out the sense and meaning where there is neither one nor the other, the whole is so vague as not to be intelligible except so far as the words "in England," upon the heading of the Act, are taken alone. It is vague in other respects also, that Surgeons' Hall (in London) was given up in 1745 to the separated barbers, who were then divorced from their unnatural coalition with the surgeons degraded by them. The surgeons were then formed into a separate corporation. The corporation in London was petitioned in 1780 to be formed into a college. They were so constituted, after much opposition as anti-innovators on our "*venerable*" institutions! in 1800. The building now took the name of college, and not *hall*, from that time, which was two years before the passing of the Militia Act. The Scotch corporation of surgeons and barbers was incorporated into a College of Surgeons *sole*, in 1778; and in June, 1784, it is called "*college*" in the Scotch and Irish Acts for militia-training.

In the next instance, unless this provision of the English Militia Act were owing to oversight or carelessness in the wording of the Act, the exclusive appointment to the English militia of the members of the London College, while, at the same time, in the Scotch and Irish Militia Acts, they took care not to omit themselves, warrants the assumption that they were actuated by motives of gross and exclusive selfishness, the spirit of monopoly, and by the management of lawyer-like trickery, to commit that exceptionable and illiberal act; to call the attention of the Edinburgh and Dublin Colleges to which I have considered to be my duty, public and professional, in order that they may ponder the injustice done to all the grades of the profession of those two learned and honourable bodies, Dublin and Edinburgh, if possible to have their grievances removed by petitions to Parliament for such reforming amendments of these Acts of "Surgeons' Hall, London," as they may think fit to propose. The conduct of the College of Surgeons in these transactions affords ground and justification for the argument that if they have been so liberal to themselves, they may, on their own principles, as well, for the time to come, show themselves as liberal to their sister colleges of Dublin and Edinburgh.

I have thus stated, in plain and clear language, the unjust provisions of the English Militia Acts towards the members of the Edinburgh and Dublin Colleges, leaving them to deal with the questions as they think proper. It would be inconvenient to

me and all your members, to devote further time and money to the getting of a worthless London College diploma, to make up for the deficiencies of the Edinburgh and Dublin Acts, as they now stand in so anomalous a manner.

I have twice written the history of the medical profession, once in Percival's "Medical Ethics," in which myself and Mr. Wilcox, who wrote on medical law, have overlooked the clause in the Act 3rd Hen. VIII., where it is provided that bishops and archdeacons may call unto themselves, in every diocese, rural quacks and herbalists, and, after an examination, may *still* make as many surgeon-barbers as they choose, for there is nothing in subsequent College of Surgeons' Acts to revoke the clause of the 3rd Hen. VIII. The bishops have abandoned it for more than the last century, but they have even more stringent powers now to legitimatise rural quacks in every village than the College of Surgeons of London, which is a mere voluntary system, which he who *wills* passes, and he who *wills* will not. The bishops have exercised to this day illegally a right revoked at the time of the grant of the charter to examine and pass men as physicians,—a previous right of making physicians also. Sir Henry Halford connived at it in the Archbishop of Canterbury and the Bishop of London, though illegal and invalid, but it is against the laws of Henry VIII. These two points require to be looked to and nullified, for in the strange position and circumstances, we do not know to-day what abuses may be resorted to to-morrow, and re-claimed as ancient rights.

JOHN FOSBROKE, M.D., M.R.C.S.E., Lic. of the Apoth. Soc., &c.; Member of the British and West Midland Associations, and Member of the Statistical Society of London.

CRAMP IN THE STOMACH.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 12th instant is a case recorded by Mr. Graham, of Helensburgh, in which he mentions what, to him, appears to be a new mode of treating cramp in the stomach, namely, by means of a cupping-glass applied over the part affected. I doubt not that this practice is novel to Mr. G.; but I am confident that it is a remedy already generally known to a large majority of your readers. It is a very common practice in the remote dispensary districts in the south of Ireland, and also in parts of Scotland, and has been for years resorted to in several obstinate cases of indigestion, and flatulent colicky complaints, with very beneficial results. It appears that these complicated and protean forms of dyspepsia, which are attended with cramp, spasm, and several other anomalous symptoms, are more prevalent in those countries than in England; and that is in a great measure owing to the poor and meagre diet in general use amongst the lower classes. Having had the charge of two extensive dispensary districts in Ireland for three years, I was enabled to direct my attention very generally to affections of this nature, and I found that the plan recommended and very usually pursued is often injurious, namely, that of "giving purgatives in these cases." What I found more successful was a mild and aperient alterative pill at night, with a bitter and tonic draught in the mornings. Cupping is also found useful in cases where the ensiform cartilage has a tendency to incurvation, which is in my opinion more frequent than may be generally supposed, and is a very fruitful source of many of the symptoms complained of by the dyspeptic patient. I have the honour, Sir, to remain your much obliged and very obedient servant,

J. B. THOMPSON, A.B., M.D.

Gower-street, March 14, 1842.

BLACK OXIDE OF IRON.

To the Editor of THE LANCET.

SIR,—The "black oxide of iron," generally stated by chemists to consist of a mixture of peroxide and protoxide, is said to have been extensively employed in medicine by some practitioners, more particularly in Ireland.

From the high celebrity of the physician, Dr. Jephson, who originally introduced this preparation, and who, I am informed, frequently prescribes it, under the title of "magnetic oxide," and from the fact of its being adopted by the Edinburgh College in their last Pharmacopœia, though rejected by the London one, it may be fairly presumed that its medical properties differ in *some* respects, at least, from the sesquioxide and other ferruginous preparations commonly in use, and also that in *some* cases, and under *certain* circumstances, the employment of this medicine is to be preferred. It appears to me, therefore, not a little remarkable that little or nothing should be said about it by writers on materia medica, as for instance Dr. Thomson, Mr. Pereira, and others, from whose almost total silence respecting it the student is left to infer that it is an article which may be safely laid on the shelf. As such, however, cannot be the case for the reasons previously stated, and as I am unable to find anything more than a mere cursory notice of it in books, I hope I may be allowed to inquire from your numerous professional readers what are the peculiar effects of this medicine, and in what cases it is most beneficial. Some of your correspondents must doubtless have employed it, and the result of their experience will be esteemed a favour by, Sir, yours, very respectfully,

JUVENIS.

March 8, 1842.

THE LANCET.

London, Saturday, March 26, 1842.

It would be quite out of place here to enter into any disquisition on taxation, and we are not going to deviate from that neutral path in politics which we have always endeavoured to preserve in the pages of THE LANCET. But we are bound to say a few words—not to excite the feelings—not on the injustice of an income-tax, but on the means by which it may be rendered just in its application to the members of the medical profession.

Without any abstract reasoning on the matter, we shall assume that the indirect taxes on the necessaries of life, such as wheat, meat, sugar, tea, &c., are unequal and unjust, because they generally take from the man who lives by the sweat of his brow and the labour of his hands, one-fourth or one-half of his property, while they do not tax the wealthy to the amount of one-tenth or one-hundredth part of their incomes. A *property*-tax is the most just that can be levied; and so far as Sir ROBERT PEEL's measure has that character we have nothing to complain of; for the expenditure arising out of the grant of 20,000,000*l.* to the West Indian slave-owners, the civil war in Canada, the Syrian expedition, the opium war in China, and the glorious *conquest* of Affghanistan, can and must be met by the country. But the tax on *incomes*, without any reference to their continuance, partakes largely of the injustice which has been ascribed to indirect taxation.

In the present state of political science no one can pretend to distribute the pressure of taxation with perfect equality over the property and resources of the country. The nearer, however, a system of taxation approximates to this, the more just, wise, and therefore expedient, will it be found. What, then, are we to say to the principle of the proposed new tax, which takes 3 per cent. from the professional income of the medical practitioner, and only 3 per cent. from the landlords' rent roll? Who does not see the difference in position between the man with 1000*l.* a-year derived from land, and the medical practitioner who earns 1000*l.* a-year only so long as his life, health, and success in practice last, while he is exposed in addition to the same risks as the landholder? The difference in value between property yielding 1000*l.* a-year *for ever*, and property yielding 1000*l.* for *one year*, or ten or twenty years, is pretty evident; but is the medical practitioner sure of obtaining his income *one year* after he shall have paid the income-tax; nay, is it not certain, according to the present laws of mortality, that the families of about two or three in a hundred will on an average be deprived of their income in the year following the first payment of the tax. Besides the risk of loss from death, there are the risks from sickness, infirmity, and competition—contingencies which probably deprive the income of a third of its value. These risks are difficult to estimate; they are partly counterbalanced by the profits derivable from a sale of practice; and we do not contend that the Legislature should attempt to take them into account by any over-refinement of calculation. But the respective values of an income in perpetuity and an income for life, are perfectly well known; they depend on the laws of mortality and on mathematical principles, which are of universal application in the every-day affairs of life. These are the points which cannot be overlooked without the most palpable injustice in estimating the incomes of professional men.

Let us assume that capital will yield 4 per cent. per annum; that 100*l.* will yield 4*l.* a-year; then 25*l.* will yield 1*l.* a-year, and that an annual income will be worth twenty-five years' purchase. The interest of money being 4 per cent.:

1000*l.* a-year in perpetuity derived from money out at interest will be worth	£25,000

1000*l.* a-year dependent on *the life* of a person aged 40, will be worth £14,334
1000*l.* a-year dependent on *the life* of a person aged 50, will be worth £12,028
1000*l.* a-year dependent on *the life* of a person aged 60, will be worth £9018

That these are the respective values of the incomes of 1000*l.* a-year in the circumstances above adverted to, is matter of demonstration; and that the results may be obtained without any trouble will be apparent, when we state that they may be found, with a little variation, dependent on the tables of mortality employed, in all the systematic works on Life Assurance.

We ask any practical man acquainted with the money market, whether 9018*l.* could be obtained for the future professional income (say 1000*l.* a-year) of a medical practitioner of unquestionable integrity, in good health, but now sixty years of age? Yet the new Bill will levy 29*l.* 3*s.* 4*d.* indiscriminately on all these incomes, which differ in value in the ratio of 25,000*l.*, 14,334*l.*, 12,028*l.*, 9018*l.* Is it not clear, that to be fair and equitable the tax should be in the ratio of the *property* rather than the *income*? Let us suppose the tax levied on the *present money value* of the income, or on the *property* which the income represents, and we have the following results:—

25,000*l.*, at a halfpenny in the pound, will yield nearly .. 52*l.* a-year.
14,334*l.* ..... 30*l.*
12,028*l.* ..... 25*l.*
9018*l.* ..... 19*l.*

The average tax paid by the four persons would be 32*l.*

The rule for converting all kinds of income into a *present money value* is exceedingly simple, and on the behalf of the medical profession we deprive it of all complication, by giving up every other risk save that dependent on the limited duration of human life.

It does appear to us that this is a question for immediate and energetic agitation in the profession. The levy of 3*l.* in the hundred on the income of the medical man with a family, at the age of forty or fifty, when his net income does not exceed 300*l.*—700*l.* a-year, ceasing with his toil, and only 3*l.* in the hundred on the fundholder, or *à fortiori* on the landholder, with 8000*l.* a-year, which he obtains without labour, and possesses in perpetuity, would be an injustice, of which we have had too many examples, but which ought no longer to be endured by Englishmen.

The only important argument against us we shall state, although we have not heard it adduced elsewhere by the ingenious advocates of an uniform income-tax, which does not perhaps speak much for its strength. *A* and *B* have each 10,000*l.*; *A* invests his money in land, the rental of which is 400*l.* a-year; *B* expends it in a professional education, and in obtaining a practice as a physician, with 2000*l.* a-year—is it right to tax these men, who had originally the same capital, in the ratio of the present money value of their incomes? According to the statement given above the landowner with 400*l.* a-year would pay a tax of a halfpenny in the pound on 10,000*l.*, or nearly twenty guineas a-year (we take the land at twenty-five years' purchase, though it is worth more, as this simplifies without affecting the logical nature or force of the argument, which will remain the same if thirty-three or forty years be substituted for twenty-five years' purchase). The physician (age fifty) with a professional income, which we will assume to be equivalent to a life annuity of 2000*l.* a-year, would pay a halfpenny in the pound on its present money value (24,056*l.*), or 50*l.* a-year tax. The physician with an income of 2000*l.* a-year would pay a tax of 50*l.*, while the landowner with 400*l.* a-year would pay 21*l.*; and we maintain that this would be just, or rather in favour of the landholder, for he could at the age of fifty purchase for 10,000*l.* a life annuity of 750*l.* a-year, and all above that sum in the medical man's income is the wages of skilled labour, and not profit on his capital. The landlord, in the case we have supposed, does nothing for the commu

nity—the physician sunk his whole capital—threw it like seed on the earth—it may be to perish, it may be to evaporate like water—but in the hope that it may bear fruit, feed his family, and fit him to serve mankind in the godlike duties of his calling. The drone would escape easily if he paid 21*l.* to the contribution of 50*l.* by the useful member of society. Baptist May, Esq., Privy Purse to Charles II., used to say that "Five hun-"dred pounds a-year was enough for a "country gentleman to drink ale, eat beef, "and stink with!" a sentiment which we quote for the sake of the hint it furnishes, without holding ourselves responsible in the slightest degree for its accuracy, or for the courtly phrase in which it is clothed.

It will be seen that in arguing against an uniform income-tax, and in admitting the justice of a property-tax, we do not run into the absurdity of contending that professional incomes should not be taxed; that professional incomes, in fact, are not property—for they represent capital and property. Money may be borrowed on the security of professional incomes, bearing a certain proportion to their amount. But the iniquity of the invariable tax on incomes consists in this, that the possessors of incomes derived from capital or land, who are worth, at the very lowest estimate, twice as much property as professional men earning incomes to the same amount, will pay the same sums into the public treasury.

A modification of the plan of taxation with which we think the medical profession may be satisfied, would be something of this sort:—Treat all incomes as life-annuities, reduce them to their *present money value*; take this for the property which they represent, and instead of 7d. in the pound on the income, levy for your tax say a halfpenny in the pound on the property of the country. Instead of taking 1-34th part, as you propose, of income, take annually 1-580th part of property, and we believe that professional men would cheerfully contribute to the public treasury their share, which, if the property-tax were equal and a halfpenny in the pound, would be perhaps, on an average, 2 per cent. on their income, while the capitalist's share may be 4 per cent. on his income. The professional man would still be over-taxed, for his professional income is *not* equivalent to a *life*-annuity; he is by no means sure of enjoying his present average income to the end of life. But these belong to the minor inequalities of taxation, which must be borne, as they cannot be got rid of without complicated calculations.

It is evidently the wish of Sir Robert Peel to relieve the poor. By levying the tax on the property, calculated on the income, in the manner above suggested, he will place his measure on the firm basis of justice; if he continue, however, not only a monopoly in the people's supply of bread, and exemption from the probate-duty, to the landholder, but also throw half their share of the public burthens on the shoulders of the professional and trading classes, with what confidence can he appeal to the patriotism of the present generation, or to the judgment of a "retrospective posterity?"

SHRAPNEL SHELLS AND VACCINATION.

We have more than once adverted to the comparative estimation in which inventions for saving, and inventions for destroying our fellow-creatures, have been held by the former governments of this country. It will be recollected that Jenner obtained from the parsimony of Mr. Pitt, and the liberality of Parliament, a vote of 10,000*l.* for the discovery of vaccination, by which millions of mankind have been saved from deformities, blindness, and untimely death. Lieutenant-General Shrapnel, who died a fortnight ago, and had discovered the destructive case-shot, *Shrapnel shells*, at the siege of Dunkirk, received for his discovery a life-pension of *twelve hundred pounds a-year*, in addition to the pay of the respective ranks in the army which he subsequently held. We say nothing against the latter grant—the Shrapnel shell is a most efficient and murderous weapon of war—but one would think that the highest pre-

mium—the 1200*l.* a-year—should have been given to JENNER, on the ground that the discovery evinced a more philosophical genius, and a genius that deserved to be encouraged, as on the whole most useful to mankind.

A Treatise on Dislocations and Fractures of the Joints. By Sir ASTLEY COOPER, Bart., F.R.S. A New Edition much enlarged, Edited by BRANSBY B. COOPER, F.R.S. London: Churchill. 1842. 8vo, pp. 576.

THE "Dislocations and Fractures of the Joints" of Sir Astley Cooper is a classical volume in medical literature, and unquestionably one of the most valuable documents in British medicine. Those who have already perused the work, will subscribe most willingly to our opinion; those who have not, have yet an enjoyment in store to which they may look forward with expectations of the highest gratification. There are none of our readers but must be familiar with the attractive and agreeable style of Sir Astley Cooper, the most distinguished ornament of modern surgery; and these qualifications are, in none of his writings, more strikingly exhibited than in the present, where they are combined with sound practical information of the most valuable kind. But although Sir Astley Cooper's "Dislocations" have ever enjoyed the high reputation which we here record, the volume has been hitherto limited in its distribution among the members of the profession, from the costly material of its illustrations, and its consequently high price. This impediment is now withdrawn; the whole of the original work is now published in the octavo size, with additions and emendations by the able editor, Mr. Bransby Cooper. The imperfect illustrations on copper of the quarto work, have been regenerated on wood by Mr. Bagg; whilst many new and exquisite delineations have been added by that eminent artist. Moreover, the work has been reduced to a price that will place it within the reach of every member of our profession, and, we doubt not, make it a chosen companion of the leisure moments of our industrious brethren.

The duty of editor was assigned to Mr. Bransby Cooper previously to the lamented decease of Sir Astley. In the fulfilment of this task, Mr. Cooper was required to make such arrangements as should enable him to accommodate his space to the admission of much new matter, derived from the author himself, and of several additional cases communicated by correspondents. These additions have contributed greatly to the increased value of a volume, which has for many years occupied the position of the great standard of surgical practice. Of the instruction which it has conferred on practitioners at large, particularly on those of distant provinces and remote districts, no better illustration can be given than the one contained in the following quotation from the editor's preface:—

"As surgery, in common with all other sciences, is progressive, so must it follow that increase of experience must tend daily either to the confirmation or the condemnation of the principles laid down by Sir Astley Cooper in the treatment of fractures and dislocations of joints; and it may be here remarked, in proof of the general diffusion of the doctrines of this work and their utility, how rarely, even in remote districts, are now to be noticed dislocations unreduced through the ignorance of the nature of the injury, or the means to be employed for their reduction."

The new arrangement of the illustrations presents striking advantages.

"The reader will find the delineations copied from the quarto edition to be even more graphic and perspicuous than the originals; while the illustrations, now for the first time introduced into the work, are equally correct, clear, and expressive. The advantages of such engravings being placed in immediate connection with the portion of text which they are intended to elucidate, will not pass unnoticed by those who have felt the inconvenience of having to search at the end of the volume for each plate to which reference occurs in the text. My thanks, at the same time, are due to Mr. Churchill for the care and attention he has devoted as well to the general arrangement of the publication as to the minute details of its typographical execution; but more especially for his selection of an artist so fully competent to the task as Mr. Bagg.

From among the numerous cases contained within the volume, we select, almost at random, the following, as presenting several points of considerable interest:—

"A maniac, who eluded the vigilance of his keepers, leaped from a third story window; besides dislocating his thigh, he received other injuries, of which he died in about an hour. On examining the dislocated limb it was found considerably shortened and inverted, forming about half a right angle with the body; the shaft of the femur crossing the symphysis pubis was fixed immovably in this situation. As the patient

was evidently sinking, no attempts were made at reduction. Twelve hours after death I commenced the dissection by reflecting the gluteus maximus, when I found some of the fibres of the gluteus medius and minimus ruptured at their posterior edges. The pyriformis and gemelli were also partially torn; but the four portions of the tendon of the obturator internus which pass through the lesser ischiatic notch were drawn out and separated from their connections with the muscular fibres. The head of the femur presented itself through a rent in the capsule opposite to the upper part of the tuber ischii above the quadratus femoris muscle, so that the great ischiatic nerve was somewhat displaced, and pressed against the tuber ischii. In this case there was no difficulty in detecting the nature of the injury, as besides the symptoms already described, the head of the femur could be felt resting on the tuberosity of the ischium covered by the gluteus maximus."

In the chapter on Fractures of the upper part of the thigh bone, the editor adds to the reasons already assigned by Sir Astley, as opposed to the union of fracture within the capsule the following :—

"There is yet another reason to which due weight should be given. The cellular membrane which surrounds ordinary bones is an important agent in the reparation of fractures. It is the medium through which blood-vessels are supplied to the periosteum, and it is the seat of a copious effusion of adhesive lymph, which lymph becomes organised and ossified, and constitutes the provisional callus which unites the fracture. But in fractures of the neck of the thigh-bone, the fracture is separated from the surrounding cellular tissue by the capsular ligament, and therefore the union cannot be effected by a provisional callus; old age may also be considered as a cause of non-consolidation of the neck of the thigh-bone; for not only is there that difficulty of reparation inseparable from the advanced period of life at which the fracture occurs, but also that peculiar change which had taken place in the neck of the bone before the accident happened, rendering it impossible to conceive how, under such circumstances, reunion is to be expected, when in continuity the neck of the thigh-bone had not vitality enough to maintain its natural integrity. I believe, therefore, it is a law of nature, the result of organisation, which leads to a ligamentous union, and not the neglect of mechanical means, which prevents ossific consolidation in these cases, for it appears that callus is not formed in those situations where its presence would interfere with the motions of a joint. What would be the effects of a mass of callus protruding on the inner surface of a fractured skull? And is it not easy to see that the formation of callus in or near joints would tend to destroy the function of those joints? What degree of useful motion would remain in the knee or elbow if both surfaces of a fractured patella or olecranon threw out a projecting callus? We may say, therefore, that the cervix femoris is from its structure incapable of uniting by callus, like ordinary bone; and that, even if it were, the want of pressure and adaptation of the broken surfaces, the want of nutrition in the upper fragment, the previous atrophy of the part broken, and the age and debility of the patient, would be highly unfavourable for the union."

In casting our eyes over this chapter, we are much struck by the exquisite beauty and delicacy of the wood engravings as shown in the sections of the femur at page 146-48, &c., representing the cancellous structure of bone, and to these we direct the attention of our readers. We must now, however, conclude our notice of the work, and we do so with a strong recommendation to every practitioner to possess it and judge for himself.

MEDICAL SOCIETY OF LONDON.

Monday, March 14, 1842.

Mr. PILCHER, President.

NEW OFFICERS.—PERFORATION OF THE STOMACH.

THIS was the first meeting of the society after the anniversary, at which the new office-bearers for the ensuing year were elected. Mr. Pilcher was elected president.

On taking the chair, after returning thanks for his election, he made some remarks on the benefits which accrued to the members of the society from the free discussion of practical questions. He showed the value of medical societies, not only in this particular, but as constituting the media by which most valuable and permanent friendships among the members might be formed, and remarked that some of his own best friendships had been made in that society. He wished to see all the members of the society take part in the discussions which took place, and regretted that the diffidence or modesty of some had kept them from imparting valuable information at the meetings. He referred to the library of the society, the most valuable, as far as ancient medical literature was concerned, in the kingdom. He suggested that short and informal papers should be occasionally read to the society, not so much for the purpose of elucidating any point as to form the texts upon which discussions might be hung. These papers might be afterwards improved and added to, and perhaps form a new series of memoirs of

that society. The memoirs which had been published formerly had raised the reputation of the society for usefulness and influence, beyond all other similar bodies of the time. He did not see why the publication of fresh memoirs should not sustain that reputation.

A vote of thanks to the late officers of the society was proposed, and carried unanimously.

It was announced that the Fothergillian medal for the year had been awarded to Dr. James Risdon Bennett for a monograph on hydrocephalus.

PERFORATION OF THE STOMACH.

A case of this disease was read from the pen of Dr. J. B. Thompson. The patient was a female, eighteen years of age, regular in her menstruation, and previously free from any disease. She was suddenly seized, at eight, a.m., with excruciating pain in the stomach. At twelve, noon, Dr. Thompson saw her, and found her labouring under very acute pain, which was confined to one spot about an inch to the left of the ensiform cartilage. Leeches, fomentations, and the internal use of morphia succeeded in procuring above an hour's sleep and freedom from pain, but all the symptoms of most acute peritonitis came on, and she sunk thirty-five hours after the first attack. The body was examined twenty-two hours after death, and a small somewhat oval opening was discovered in the mucous coat of the stomach, penetrating in an oblique manner through the other coats of the viscus. It was situated in the left curvature. There was a pint of effused matter from the stomach in the cavity of the peritoneum, which membrane bore evidence of very severe inflammatory action. The edges of the ulcer bore no traces of any inflammation, and the part seemed as though it had been punched out.

Some discussion followed this paper. It had reference to the diagnosis and causes of this disease. With regard to the former, it was considered that the rapid pulse, the peculiar collapsed condition of the whole system, but particularly of the countenance, and the suddenness of the attack, would generally be sufficient to denote the nature of the mischief. With regard to the latter, it was generally thought that we were left in much obscurity, and were not possessed of any decided information on the subject.

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 19, 1842.

Mr. H. J. JOHNSON, President.

PARALYSIS OF THE PORTIO DURA IN A CHILD. LOCAL NERVOUS DISEASES.

MR. STREETER stated, that some time since he had related to the society three cases of paralysis of the portio dura, which had arisen from the application of cold to the surface; he had since seen a fourth case, and this had occurred in a child five years of age. During infancy this little patient had been the subject of convulsions, and on the occurrence of the paralysis some anxiety was felt lest the cause should be in the brain; there was slight swelling of the right side of the face with loss of power, but not complete paralysis of all the branches which went to the orbicularis palpebrarum, the motions of which, though not entirely lost, were much impaired. As the attack had been sudden, and as there was no pain in the ear, or any symptom of cerebral affection, Mr. Streeter treated the case antiphlogistically, believing as he did that there was generally inflammation of the sheath of the nerve in these cases. Under the application of two leeches, the assiduous use of fomentations, and the employment of alterative medicine, the patient soon recovered. Mr. Streeter then remarked, that he thought many of these cases of paralysis of the portio dura were less formidable than was generally supposed, and depended on the cause which was present in the case just related. He did not, however, shut his eyes to the occurrence of those permanent and distressing cases of paralysis of the nerve from inflammation of it when in the bony canal, or from disease in the brain; and he knew that it required much deliberation and care in forming our diagnosis of the different cases.

Mr. SNOW had met with a case of paralysis of the portio dura which seemed to corroborate Mr. Streeter's view of its generally favourable termination; it occurred to a woman who was labouring under some dyspeptic ailments; the paralysis of one side of the face was complete; when told to close her eyes, the upper lid of the affected eye descended a little by its gravity, but the lids remained half open. No treatment was directed particularly to this affection, except that of covering the eye with a wet cloth at night to prevent the drying of the conjunctiva, and the patient gradually got well of the paralysis, and remained free from it.

Dr. CHOWNE thought that the issue of these cases was not generally so favourable as had been stated. He had seen four cases, and in only one of these had the paralysis entirely gone off. He then alluded to the distressing results which take place in cases of permanent paralysis of the nerve in question, particularly from exposure of the eye.

Dr. W. V. PETTIGREW thought that it was easy to determine in cases of paralysis of the portio dura whether the complaint arose from cold, from inflammation of the nerve during its course through the bony canal, or from acidity of the stomach. If it arose from the second cause, there would be deafness; if from the last, it would be removed by antacid medicines. He then related the case of a gentleman who was constantly

affected with tic after indulging in an unusual quantity of wine; he was always relieved by the employment of antacid medicines.

Mr. ELLIOTT suggested, that the paralysis under consideration might occasionally result from worms; it was known that children frequently suffered from nervous affections from this cause. He inquired what had been the effect of purgatives in cases of this kind of paralysis?

Mr. H. J. JOHNSON had seen three cases of paralysis of the portio dura from cold; they were all treated by the application of leeches, blisters behind the ears, and purgatives: in two he did not know the result; in the third case the patient was well at the end of three or four weeks. He related a case of temporary paralysis of the portio dura consequent upon inflammation of the parotid gland, occurring in a port-wine drinker who was subject to gouty inflammation in various parts of the body; as the inflammation in the gland subsided, so did the paralysis.

Mr. CHOWNE had seen two cases of paralysis of the portio dura: one occurred in the Middlesex Hospital when he was a dresser at that institution; it was treated antiphlogistically; he did not recollect the result. The second case occurred in his own practice; he adopted the antiphlogistic mode of treatment, with attention to the general health; in four months the disease was removed.

Some remarks were made in reference to the endermic mode of using medicines.

Mr. SNOW related a case in which he employed morphia in this manner to a painful condition of the arm over the deltoid muscle; narcotism was very quickly produced, but the pain was not relieved.

Mr. CHOWNE had employed morphia endermically in some cases; it acted quicker than when it was given by the mouth. In one case, however, in which two grains of the acetate of morphia were sprinkled on a blister in a person who was an opium-eater, it was two hours before any relief was afforded.

Dr. J. B. THOMPSON had seen morphia employed endermically on many occasions; occasionally it left small spots of ulceration on the blistered surface, which were difficult to heal.

Mr. SNOW alluded to a case of painful affection of the left arm extending from the shoulder to the elbow, and which was much aggravated when any of the motions were performed or attempted which required the action of the deltoid; the patient was subject to asthma, and troubled with occasional palpitations of the heart; there were no physical signs of disease in this organ; the affection had so far resisted treatment. He had seen one or two similar cases, but had not seen them benefitted by treatment: this patient had no symptoms of gout or rheumatism, unless this were one.

The PRESIDENT had seen three or four cases of painful affection in the region of the deltoid when that muscle was attempted to be employed; he had never in these cases seen benefit from medicine. He related the case of an officer in the army who, during the tithe campaign in Ireland, when the tithes were collected at the point of the bayonet, was much exposed to wet and cold: he found in the midst of his career that he had inability to move one of his arms. He applied to a medical man in Galway, but obtaining no relief came to London, and placed himself under his (the President's) care; he could not then bring the elbow to the same level as the shoulder, nor could he perform any backward movement which required the action of the deltoid: there was pain on pressure over the deltoid; it was regarded as an inflammatory disease, and as the patient came of a gouty stock, it was thought to be of that or the rheumatic character: the disease resisted all kinds of treatment and all kinds of internal medicine; the paralysis became more complete, the deltoid wasted, and the other arm gave premonitory symptoms of becoming in a similar condition; the old antiphlogistic remedies were used, the disease in the second arm was arrested, but the arm first affected was quite powerless. He thought the disease strictly inflammatory, and that means to subdue inflammation should be early and energetically employed.

Dr. PETTIGREW mentioned some cases of pain in the region of the deltoid attended with loss of power, in which, after all other means had failed, the disease gave way to the assiduous application of very hot vinegar.

Dr. LEONARD STEWART made some remarks on the efficacy of hot water in local nervous diseases.

HÆMORRHAGE FROM THE EXTRACTION OF A TOOTH.—Dr. MANTELL states that in a case of profuse hæmorrhage from the extraction of a loose tooth, in a child seven years of age, after all other methods had failed, and a fatal termination was expected, constant pressure was effected by a gold plate accurately adapted to the gum, by a dentist, and the bleeding was effectually suppressed. The means specified by Mr. ROBERTS, in the 22nd number of THE LANCET, had previously been had recourse to with but temporary effect. A paste of plaster of Paris placed on the gum in a soft state, afforded upon its consolidation a firm compression, and the hæmorrhage was controlled for several hours; but on taking food the application was loosened, and the bleeding returned. The young lady, the subject of these remarks, had been suffering from *purpura hæmorrhagica;* and on a previous occasion alarming hæmorrhage had followed the accidental removal of a loose tooth.

THE PROPER MODE OF LEARNING CHEMISTRY.

It is worthy of notice, that whether the object of the student be to qualify himself as a teacher of chemistry, to learn the bearing of that science on medicine and physiology, or to become a manufacturer, the same purely scientific education in the art of research is recommended to all. It would be impossible, for example, to teach specially all the different chemical manufactures, so that the future iron-smelter should learn only iron-smelting, the soap-boiler only soap-boiling, &c.; and, if possible, it would be the reverse of beneficial. It is found by experience, that when all learn the *general principles* of chemistry, they acquire the *special details* of any manufacture in the manufactory in a far shorter time than they could have done in the laboratory. No attempt is made, therefore, at Giessen, to teach on the *small* scale processes that must be practised on the *large* scale. The student learns practically those principles by which *all* chemical manufactures must be regulated, and the result may be best stated in the words of Professor Liebig himself:—

"It is generally with fear and trembling that they follow my advice, to devote their whole attention, not to imitating manufacturing processes in the laboratory, but to learning how purely scientific problems are to be resolved. They then soon and easily learn how to find the best means: they themselves modifying and shaping their means according to circumstances. Every operation, every analysis, which serves to clear up a given question, or which must be performed in order to discover the conditions essential to the resolution of the problem, has a specific object. Each process thus acquires a certain charm that effectually wards off fatigue; and when the problem is once resolved, the student has learned the means of solving all similar problems. Many of my former pupils are now at the head of every variety of chemical manufacture. Without having ever practised these in the laboratory, they became in the first half-hour perfectly familiar with the whole process; and the next half-hour commonly produced a number of well-devised improvements in the manufacture. They had acquired in the laboratory the most exact knowledge of the properties of the materials which they had to employ, and were accustomed, as the only way of avoiding errors, to subject the products of chemical reactions to a searching investigation with regard to their composition; and they thus at once discovered the sources of error, the means of avoiding loss, and the best methods of improving the apparatus or perfecting the process. All this is not learned when the student enters a laboratory for the purpose of practising a given process by recipe."

Even for directly practical purposes, the most purely scientific education is really the best, and is more certain to lead to improvements in practice, than the most laborious experience in any one manufacture, gained, as it generally is, at the expense of general principles.—*Dr. Gregory's Letter to Lord Aberdeen*, p. 24.

A PHYSICIAN'S CARD.

To the Editor of THE LANCET.

SIR,—Dr. Badeley having held the office of *gratuitous* physician to the *Chelmsford Provident Society* for many years, has lately sent in his resignation, and been succeeded by a Dr. Prichard, who undertook to fulfil the duties of that office on the *same terms* as his predecessor; but, since his election, has injured the character of the medical profession by issuing little tea-paper circulars, with ornamental borders, such as the inclosed, in every direction:—

"Members of the Chelmsford Provident Society may obtain Dr. Prichard's attendance, and be provided with medicine upon an annual payment of 7s. each.

"Married members, by the payment of 3s. 6d. each per annum extra, may obtain the same privileges for their wives."

I appeal to you, Sir, as an upholder of the dignity of the profession, whether any physician is not deserving of public censure by volunteering what this circular promises; a physician, too, so truckling to the per-centage system, as to promise to *provide medicine* for his patients, at 7s. a-head, in addition to his attendance? Moreover, is it fair towards the governors of the institution to make a pretext of public charity a source of private emolument? I am, Sir, your obedient servant,

A GOVERNOR.

Chelmsford, March 2, 1842.

INTOXICATING PREPARATIONS.

To the Editor of THE LANCET.

SIR,—I much doubt creosote having the effect supposed by your correspondent "A. C.," at page 860, having myself administered it in large doses for cutaneous diseases, without it causing symptoms of stupor or intoxication.

Whisky is a very ardent spirit, acting more quickly on the nerves than brandy, *contracting* all parts that it comes in contact with, and in large quantities producing either apoplexy, ending in death, palsy, delirium tremens, &c. &c.

Can no intoxicating effects be produced by the administration of a *preparation* of "cocculus indicus," codine, or turpentine, in doses of one ounce? I have observed the latter produce temporary intoxication, followed by a kind of trance, which lasts for

from twenty to thirty hours, not many ill effects on the constitution being apparent afterwards.

I think the subject of "hocussing" deserves your inquiry as a "legislator," having no doubt that many lives have been wantonly sacrificed with impunity. I am, Sir, your obedient servant,

E. HULL.

Uxbridge, March 20, 1842.

THE INCOME-TAX.

To the Editor of THE LANCET.

SIR,—From the commencement of THE LANCET I have been its reader. At no time during the existence of that work has a measure more fraught with injustice to the medical profession been broached as the proposed tax on income. I have been asked, Why should not two persons having *equal* incomes be *equally* taxed? I answer, Why should a person *without capital* be taxed as highly as one having 20,000*l*? Is a practitioner obtaining by his profession 1000*l*. per annum, in as good circumstances as a fundholder with the interest of 20,000*l*.?

Take two men, one with 20,000*l*., the other without money, in all other respects equal, having the same capital in head, hands, legs, and body, both with the same power of using the benefits which are equally distributed. One uses all, the other none. They ought to be equally taxed. If the lazy capital be untaxed, so ought the industrious. A professional income has a marketable value; and if industry *must* be taxed, the impost should be on the income which the amount of valuation may bring.

Surely the profession will not remain supine while the measure is under the consideration of Government. Every member should speak aloud, both publicly and privately, against its flagrant injustice. I am, Sir, yours, &c.

M.R.C.S.

March 17, 1842.

NORTH OF ENGLAND MEDICAL ASSOCIATION.

MEDICAL ETIQUETTE.

AT a meeting of the Council of the North of England Medical Association, held at Newcastle-upon-Tyne, March 16, 1842, Dr. HEADLAM, President, in the chair,

The letter of Mr. J. B. MAUGHAN, relative to an alleged breach of professional etiquette, which appeared in the "Medical Gazette" of Jan. 7, THE LANCET of Jan. 15, and the "Provincial Medical and Surgical Journal" of Jan. 15, 1842, was taken into consideration, and the following resolutions were adopted:—

1. That Mr. Maughan merits the approbation of the Council for the gentlemanly forbearance with which he has conducted himself in this transaction.

2. That Dr. White was in error when he consented to inquire of the patient under the care of which surgeon she wished to remain.

3. That the conduct of Mr. Annandale, in removing the splints and bandages from a broken limb, which had been reduced by another surgeon (more especially when the immediate attendance of that surgeon was expected), was improper, and that his appropriation of the patient of another practitioner was contrary to the rules of etiquette, by which professional gentlemen should be guided in their deportment towards each other.

4. That the Council sincerely regret that the conduct of any of their professional brethren should have given occasion for the preceding resolutions: they earnestly hope that in future a better feeling will exist amongst medical men, and that similar cases will not recur.

5. That copies of these resolutions be sent to the journals in which Mr. Maughan's letter was published.

MEDICAL ASSOCIATIONS.

To the Editor of THE LANCET.

SIR,—In your valuable Publication of Feb. 19, I observe the announcement of the formation of an association of medical men in the neighbourhood of St. George's in the East, ostensibly for the "suppression of illegal practitioners, and for the promotion of the general interests of the profession." I do not know any method more likely to obtain the object in view, and I trust it will be extensively followed in all parts of the United Kingdom. It is true that the contemplated Bill of Sir James Graham, should it become law, has placed the well-founded hopes of the general practitioner at zero, if not below. Still, the congregating of medical men in their several districts will produce a more general acquaintance with each other, and enable them (if it effect nothing more) to expose the insidious contrivances adopted by very many chemists and druggists for worming themselves into the houses of the rich as medical practitioners. I am, Sir, yours respectfully,

SENEX.

March 16, 1842.

*** It should be recollected that Bethnal-green was freed from certain of its unqualified medical practitioners by advertising the names of all those persons who were visiting and prescribing for patients without possessing any medical licence, diploma, or degree.

CASE OF JAMES TUCKETT.

A CORRESPONDENT, who at first appended his name, but subsequently changed his wish, forwarded to us on the 19th inst. the following remarks on the case reported in THE LANCET, at page 828:—

"I have read with great interest the case of James Tuckett. The patient, although suffering under a most extraordinary discharge, amounting he says to fifty gallons during a period of five years, yet has lost in comparison little flesh; he eats, drinks, and sleeps well, which symptoms give hope that something may be done. My idea is, that notwithstanding the free communication between the lungs and the opening in the chest, an attempt might be made, by means of pumping air into the chest with a bellows, the nozzle of which fits the canula, and from the consequent compression adhesion of the abscesses in the lungs might ensue; a small plug to be fitted afterwards to the canula. This operation to be repeated as often as convenient or necessary. At the same time, a vicarious discharge should be instituted by means of a seton, inserted either in the loins or nape of the neck. A generous diet to be kept up. The idea of endeavouring to collapse the lung, by admitting air through an opening made in the chest, originated, I believe, with an American surgeon, as a cure for phthisis: of course the pus is to be well discharged previously to each application of the bellows."

FINE WORDS IN MEDICINE.

To the Editor of THE LANCET.

SIR,—Will you permit me to present to the editors of the "Medico-Chirurgical Review" a few remarks on the style of the medical literature of the present day, with which I think they will agree. We laugh at the Americanisms, as we term them, which we see copied from the Yankee newspapers, but as great faults are daily committed among our own medical authors. Many of the writers in our periodicals, and even in some of our larger works, seem to have their heads so filled with French and German words and phrases, that they have quite forgotten their native English. Some there are, too, who affect the use of strange words derived or adopted from the learned languages, wishing apparently to impress us with the idea that they converse so much with the ancients, that they have forgotten that they live in these degenerate days. Now all this appears to me to be either mere affectation or excessive carelessness. There is nothing almost in all that we medical men have to say, which cannot be expressed in the copious stores of our own language. Let me give you a few examples.

In a late excellent work on the ear, three species of deafness are distinguished, as, kophosis, paracousia, and dysecoea. The first two I comprehended at once; but I had fairly to turn over my Greek Lexicon before I could get to the bottom (or root) of the last.

Some of our Irish brethren are particularly fond of this sort of thing, using outlandish expressions. Thus, one man uses the French word *chronicity* for *duration*, an opposite *sense* for an opposite direction; another speaks of a pulse of a *dicrotous* character; a third talks of *consensual* actions, instead of consentaneous, and of *retro-peritoneal* cellular tissue, when he means the tissue behind the peritoneum.

When one man wishes to express the taking of food, he cannot find a shorter way of doing it than the "ingestion of aliment;" and another, in long-winded phrase, tells us that his patient "desires to micturate;" another lengthens the shortening of tendons by calling it *contractation;* and a gentlemen of considerable ophthalmic reputation cures near-sighted persons of their defect by means of an instrument with the euphonious and sesquipedalian appellation of the *myopodiorthoticon!* One would almost think that these gentlemen agreed with the diplomatist who gave it as his opinion, that "the use of language was to conceal our thoughts."

Hoping that you, the editors above-named, will find room to copy these few lines, and add some remarks of your own, to give them weight; I am, Gentlemen, your obedient servant,

A PLAIN MAN.

APPOINTMENTS AT YARMOUTH.

To the Editor of THE LANCET.

SIR,—I wish to caution your young readers from wasting their time and money in obtaining the licence of the Apothecaries' Company. Some time since, in consequence of two persons commencing practice without their licence, we called upon the company either to grant us protection, or leave off extracting a certain sum from each licentiate, under the plea of *protecting* him. But to neither of these things did the worshipful company attend; yet the Government have just appointed one of those persons to take charge of their sick seamen at Yarmouth, thus plainly showing the little value it attaches to the licence. Surely after this the man who strives to obtain the licence from the hall has more money than wit. A meeting of the profession is, I believe, about being called by one of the leading members, to consider what steps ought to be adopted in consequence of the Government thus accepting the non-licensed men. I am, Sir, your very obedient servant,

A LICENTIATE WHO SETS NO VALUE UPON THE LICENCE.

Yarmouth, March 15, 1842.

NEW ORDER OF THE POOR-LAW COMMISSIONERS.

THE poor-law commissioners have just issued their new order relative to the medical department of the poor-law, which we shall lay before our readers in full, next week. Their order contains restrictions in relation to the form of tender; regulations relative to qualification; regulations relative to area and population of medical districts; rates of payment in surgical and midwifery cases; regulations in reference to the appointment of substitutes, and the continuance in office of medical officers. The regulations require that a medical officer shall possess one of the four following qualifications, viz.:—

1. A diploma from the Royal College of Surgeons in London, together with a degree in medicine from an university in England, legally authorised to grant such degree, or together with a diploma or licence of the Royal College of Physicians of London.

2. A diploma from the Royal College of Surgeons in London, together with a certificate to practise as an apothecary from the Society of Apothecaries of London.

3. A diploma from the Royal College of Surgeons in London—such person having been in actual practice as an apothecary on the 1st of August, 1815.

4. A warrant or commission as surgeon or assistant-surgeon in her Majesty's navy, or as surgeon or assistant-surgeon or apothecary in her Majesty's army, or as surgeon or assistant-surgeon in the service of the Hon. East India Company, dated previous to the 1st of August, 1826.

ROYAL COLLEGE OF SURGEONS IN LONDON.

LIST of gentlemen admitted members on Friday, March 18, 1842:—John Thomas Roberts Burroughs; Frederick Hamilton Simpson; Joseph Vardy; Peter Milner; Spencer Weston; Thomas Marsters Kendall; Robert Ransom; David Smith Moore; Charles Chubb; Edward John Waring.

TO CORRESPONDENTS.

The report from the "Westminster Hospital Medical Society," the communication of a "Looker-on," and other correspondents' papers, must remain until next week.

Vindex.—The criticism shall appear.

We are obliged to defer *Dr. John Davis's* communication from press of matter; it shall appear in our next.

Dr. Dick's communication reached us too late for publication this week, we will endeavour to give it space in our next.

Mr. Ray's paper has been received.

Mr. Hull.—It was not considered desirable to advertise for the substance, solid or liquid, with which the effects mentioned by Mr. H., many months ago, were supposed to be produced. More harm than good might have followed its public announcement.

Medicus.—We decline to give such an array of advice. Our querist seems familiar enough with the names of the works to be out of leading-strings. He will get no harm by reading them all.

A correspondent at Bristol, under the signature of *Scrutator*, wishes to point out that the possession of the title, "Member of the Dublin Obstetrical Society," does not justify any belief that the surgeon attaching it to his name is "peculiarly well informed in the science of obstetricy;" since *Scrutator* himself, and many other Dublin medical students, became members of the society, in 1839, for five shillings, "without having any peculiar eligibility on the score of obstetrical attainments." The fact is, that the usual diplomas and licences are in themselves considered by their owners to be such worthless proofs of skill and honour, that some of them very naturally multiply their titles in order to compensate for quality by quantity.

G. R.—The onus would lie on the objectors to the document to prove that the signatures were forged, not on the possessor of the licence to show that they were genuine.

Antibigwig should have pronounced at the meeting of the Medico-Chirurgical Society the opinions and criticisms which he has embodied in his letter, and they would then have received in our report of last week a full development, with the authority of a good name.

An Old Veterinary Surgeon.—We have received the letter and extracts relating to the "false alarm of hydrophobia." This, however, is not the best reason for calling attention to the subject. Moreover, we could not repeat with the same approbation as it is quoted by our correspondent the opinion of the mendacious "learned counsel," that "medical men have a manifest interest in keeping up all alarms about diseases, and are often found guilty of this unkind practice, which is found to be favourable to their profession."

Errata.—In Notices to Correspondents,—To *Mr. Jones*, p. 839, line 11, erase the *not*. To *T. H.*, p. 872, line 11, substitute a full point for the comma, and commence a fresh sentence at *were it not*, &c.

END OF VOL. I.—1841-42.

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Rheumatism with disease of the heart; treatment of phthisical diarrhœa; new cases admitted into the infirmary; diuretics in phthisis, chronic catarrh, &c.; remarks on the administration of diuretics; gangrene of the mouth; hallucination and epilepsy; treatment of insanity; phrenology in its application to mental alienation, 809—812.

Introductory Lecture on the Opening of the Medical Session, delivered at King's College, London, Oct. 1, 1841. By Professor Fergusson, F.R.S.E.:—

Importance and high position of the medical profession; opportunities possessed by the medical man for conferring benefits on the human race; subdivision of the duties of the practitioner of medicine; difficulties involved in the study of medicine; elements of medical education; arrangements for the study of medicine in King's College Hospital and School; necessity of persevering and industrious application, 249—254.

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Introductory Lecture on the Opening of the Medical Session, at the Middlesex Hospital School of Medicine, delivered by Dr. Francis Hawkins, one of the Physicians to the Hospital:—

Objects of the study of medicine; importance of hospitals to the study of medicine; mode of applying the advantages offered by hospitals; state of medical education in relation to the general improvement of society; division of the study of medicine into departments; recent discoveries in medical science; discoveries in the nervous system, by Sir Charles Bell; importance of animal chemistry to the comprehension of many of the phenomena of life; importance of the labours of Kiernan to the cause of medical science; practical tendency of the education of English medical men; a sound education the sole basis of conscientious practice; contemptible position of quackery in relation to true knowledge; the value of moral education combined with medical pursuits, 169—175.

Introductory Lecture on the Study of Medical Science, delivered at the Opening of the Westminster Hospital School of Medicine, by Dr. Robert Hunter, Professor of Anatomy and Physiology in the School:—

On the study of medical science; preparatory acquirements to the study of medicine; advantage of classical information; mineralogy, botany, and zoology, departments of science allied to medicine; importance of a knowledge of anatomy and chemistry; nature of physiology; the functions of organic existence; the study of surgery, qualifications necessary to constitute a skilful surgeon; relation of pathology to the study of medicine; principles and practice of midwifery in relation to medicine; materia medica and practice of medicine; practical tendency of the study of medicine, danger of theorising; remarks for the guidance of students in the prosecution of their studies; advantages of a course of reading; necessity of moral as well as professional training, 73—80.

A Course of Lectures on Syphilis; delivered at the School of Medicine, Grosvenor-place, St. George's Hospital, Session 1841-42. By Samuel Lane, Esq., Lecturer on Anatomy and Surgery, and formerly House-Surgeon of the Lock Hospital, London:—

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